

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 46

CERTIFICATE OF DEATH

00532

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 3 days
Hospital, institution, or street address where death occurred:
Frederick City Hospital
How long in hospital or institution? 3 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION)
2.(a) If veteran, name war _____

3. (a) FULL NAME

James Henry Ambrose

3. (b) Social Security Number

213-10-2081

4. Sex M. 5. Color or race W. 6. (a) Single married, widowed, or divorced
6. (b) Name of husband or wife Etta V. Stately
6. (c) If alive, give age _____ years
7. Birth date of deceased (mo., day, yr.) Oct. 4, 1881
8. AGE: Years 64 Months 3 Days 9 If less than one day _____ hrs. _____ min.

8. Birthplace Frederick Co. Md.
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business Prime Plant

12. Name James Ambrose

13. Birthplace Md.

14. Maiden name Mary Rinton

15. Birthplace Md.

16. Informant Oscar P. Ambrose

Address Frederick, Md.

17. Burial Date thereof Jan 16, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Oak Hill

Location Frederick Md.

18. Funeral director Buell & Hartyler

Address 2 Woodsboro, Md.

19. 15-Jan 1946 Elizabeth G. Harker
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 13 1946 at 6:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 13 1945 to Jan 13 1946

and that I last saw him alive on Jan 13 1946

Immediate cause of death Carcinoma Stomach

DURATION _____

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE P. J. Eustachy M. D. or other _____

Address Walkersville, Md. Date signed _____

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JAN 16 1946

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The contents are especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 82

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County... Frederick
 City or town... Frederick
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

8. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

8. AGE:

Years

36

Months

Days

If less than one day

hrs.

min.

9. Birthplace

(Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17. (Burial, cremation, or removal, whichever)

Date thereof

(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19. (Date rec'd by registrar)

20. DATE OF DEATH

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him alive on

Immediate cause of death

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur?

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Address

Date signed

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... FrederickCity or town... Brunswick
(If outside city or town limits, write RURAL and give nearest town)Street No... Second Avenue
(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH... January 23, 1946, at 10³⁵ A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

January 13, 1946, to Jan. 23, 1946and that I last saw him alive on Jan. 23, 1946

Immediate cause of death

Meningitis, PneumococcusTyphoid

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur?

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Address

Date signed

RECEIVED

JAN 25 1946

BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (107)

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County..... Frederick
 City or town..... Frederick- Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... 30 years
 Hospital, institution, or street address where death occurred:
 Emergency Hospital
 How long in hospital or institution?..... two weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Frederick
 City or town..... Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No..... 508 Trail Avenue
 (If rural, give LOCATION)
 2.(a) If veteran, name war..... None

3. (a) FULL NAME

JOHN PHILIP ANGELBERGER

3. (b) Social Security Number

None

4. Sex..... Male 5. Color or race..... White 6.(a) Single, married, widowed, or divorced..... Widowed
 6.(b) Name of husband or wife..... Clementine Zimmerman
 Angelberger 6.(c) If alive, give age..... years
 7. Birth date of deceased (mo., day, yr.)..... May 31-1857
 8. AGE: Years..... 88 Months..... 7 Days..... 6 If less than one day..... hrs. min.

9. Birthplace..... Frederick County Md.
 (Town, county, and state)
 10. Usual occupation..... Retired Farmer

11. Industry or business

12. Name..... George David Angelberger
 13. Birthplace..... Frederick Co. Md.
 14. Maiden name..... Elizabeth Wachter
 15. Birthplace..... Frederick Co. Md.

16. Informant..... Ritchie D. Zimmerman
 Address..... Walkersville, Md.

17. Burial Date thereof..... Jan. 8-1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory..... Charlesville Cemetery
 Charlesville, Md.
 Location..... C.E.Cline and Son

18. Funeral director..... Frederick, Md.
 Address.....

19. 8 Jan 1946 Elizabeth G. Heck
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... January 6th. 1946 at 2:30 A. M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
 Jan. 1 1946 to Jan. 6th 1946
 and that I last saw him alive on Jan. 6, 1946

Immediate cause of death..... Bronchitis - pneumonia
 DURATION..... 2 weeks

Due to.....

Due to.....

Other conditions..... Arterio-sclerosis

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury..... Injured at work?

23. SIGNATURE..... Bernard J. Hunsicker M.D.

Address..... Frederick, Md. Date signed Jan. 7, 1946

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MASSACHUSETTS STATE DEPARTMENT OF HEALTH

OFFICE OF VITAL RECORDS

RECEIVED

JAN 9 1946

BUREAU OF VITAL RECORDS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 144

1. PLACE OF DEATH:

County *Fredrick*City or town *Luristown*
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? *5 years*

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State *Maryland* County *Fredrick*City or town *Luristown*
(If outside city or town limits, write RURAL and give nearest town)Street No. *no*
(If rural, give LOCATION)2.(a) If veteran, name war *no*

3. (a) FULL NAME

Annie Etta Baer

3. (b) Social Security Number

none

4. Sex

Female

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Married

6.(b) Name of husband or wife

*Jacob Harry Baer*6.(c) If alive, give age *75* years

7. Birth date of

deceased (mo., day, yr.)

Oct. 22 - 1872

8. AGE:

Years

Months

Days

If less than one day

*73**2**10*

hrs.

min.

9. Birthplace

Walkersville, Fredk Co., Md
(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

Home

MOTHER

FATHER

12. Name

John W. Shank

13. Birthplace

Walkersville, Md

14. Maiden name

Catherine Hardy

15. Birthplace

Walkersville, Md

16. Informant

Mr. G. Harry Baer

Address

*Luristown, Md*17. *Burial*

(Burial, cremation, or removal, Which?)

Date thereof

Jan. 6, 1946
(month) (day) (year)

Cemetery or crematory

Utica Cemetery

Location

Utica, Maryland

18. Funeral director

D. P. Bergeron

Address

*Thurmont, Md*19. *Jan. 4*

(Date rec'd by registrar)

*1946**Blaunched S. Egle*

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH *Jan 2* 19*46*, at *1:55 P.M*

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 1 19*46* to *Jan 2* 19*46*
and that I last saw him alive on *Jan 2* 19*46*

Immediate cause of death

Coronary thrombosis

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Small P. E. E. today
Walkersville, Md

M. D. or other

Date signed *Jan 3, 46*

RECEIVED

JAN 7 1946

BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

00536

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
City or town Walkersville
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State md County Frederick
City or town Walkersville
(If outside city or town limits, write RURAL and give nearest town)
Street No. L
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

Clarence William Barrick

3. (b) Social Security Number

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced Widowed

6. (b) Name of husband or wife Mellie May Barrick

7. Birth date of deceased (mo., day, yr.) June 3, 1881 8. (c) If alive, give age 64 years

8. AGE: Years 64 Months 7 Days 22 If less than one day hrs. min.

9. Birthplace Frederick Co.
(Town, county, and state)

10. Usual occupation Retired Farmer

11. Industry or business

12. Name Lewis E. Barrick

13. Birthplace Fred. Co.

14. Maiden name Amanda Q. Ransburg

15. Birthplace Fred. Co.

16. Informant Geo. Lewis Barrick

Address Walkersville

17. Burial Date thereof Jan. 28, 1946
(Burial, cremation, or removal. When?) (month) (day) (year)

Cemetery or crematory Glade Cemetery

Location Walkersville

18. Funeral director G. C. Barten

Address Walkersville

19. 26 Jan 19 46 Elizabeth G. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 25 19 46 at 8:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1, 1943 to Jan 25, 1946

and that I last saw him alive on Jan 24, 1946

Immediate cause of death Myocardial Infarction

and diabetes

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Samuel E. E. today

Address Walkersville, Md Date signed Jan 25, 46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

10538

UNITED STATES DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

IN THE CITY OF NEW YORK

RECEIVED

JAN 28 1946

BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

00537

Reg. Dist. No. 131

1. PLACE OF DEATH:

County..... Frederick
City or town..... Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?..... 1 week
Hospital, institution, or street address where death occurred:
Frederick City Hospital
How long in hospital or institution?..... 4 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State..... Maryland County..... Carroll
City or town..... Westminster
(If outside city or town limits, write RURAL and give nearest town)
Street No..... R. F. D. #6
(If rural, give LOCATION)
2.(a) If veteran, name war..... None

3.(a) FULL NAME

SMITH SEIBERT BETTS

3.(b) Social Security Number

220-05-6489

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced

Male White Separated

6.(b) Name of husband or wife..... Don't Know

7. Birth date of deceased (mo., day, yr.) 8.(c) If alive, give age..... years

December 12-1899
8. AGE: Years Months Days If less than one day
46 0 27 hrs. min.

9. Birthplace..... Carrollton, Md.
(Town, county, and state)

10. Usual occupation..... Auto Mechanic

11. Industry or business

12. Name..... Don't Know Rev. V. R. Betts
13. Birthplace..... " " Md.
14. Maiden name..... Don't Know Emma S. Griffith
15. Birthplace..... " " Md.

16. Informant..... Hospital Records
Address..... Frederick City, Md.

17. Burial Date thereof..... Jan. 12-46
(Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory..... Doubs Cemetery
Location..... 2 miles W. of Frederick - Md.

18. Funeral director..... C.E. Cline and Son
Address..... Frederick, Md.

19. 10-Jan 1946 Elizabeth G. Heck.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... January 8th. 1946 at 9 P/ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

..... 19..... to..... 19.....
and that I last saw h. 1946 alive on..... 19.....

Immediate cause of death..... Dec 8

Fracture of skull 2 days

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

Antopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of 1-6-46

Where did injury occur?..... New Frederick Md.
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)..... Route 40 G.S.

Means of injury..... auto DEPUTY DR. R. W. BAER
Injured at work? 10

23. SIGNATURE.....

Address..... Frederick Md Date signed..... 1-6-46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JAN 14 1946

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH

00538

Reg. Dist. No.

131

1. PLACE OF DEATH:

County Frederick

City or town Walkersville
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 26 yrs.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County Frederick

City or town Walkersville
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name War _____

3. (a) FULL NAME

Bessie Bruce Barton

3. (b) Social Security Number

213-01-1438

4. Sex F 5. Color or race W 6.(a) Single, married, widowed, or divorced Single

B.(b) Name of husband or wife _____

B.(c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Nov. 9, 1881

8. AGE: Years 64 Months 2 Days 5 It less than one day _____ hrs. _____ min.

9. Birthplace Thurmont district, Fred. Co.
(Town, county, and state)

10. Usual occupation Seamstress

11. Industry or business _____

FATHER 12. Name William A. Barton

13. Birthplace Fred. Co.

MOTHER 14. Maiden name Clara Louise Ogle

15. Birthplace Fred. Co.

16. Informant G. C. Barton

Address Walkersville, md

17. Burial Date thereof Jan. 17, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Mt. Hope Cemetery

Location Woodsboro

18. Funeral director G. C. Barton

Address Walkersville

19. 16 Jan 1946 Elizabeth G. Hede
(Date read by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 14 1946 at 12:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 12 1946 to Jan 14 1946

and that I last saw her alive on Jan 14 1946

Immediate cause of death _____

Coronary thrombosis

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

_____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE G. E. Fosterday

Address Walkersville, md Date signed Jan 14, 46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MASSACHUSETTS STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH, COMMONWEALTH OF MASSACHUSETTS

REPORT MADE BY

RECEIVED
JAN 18 1946
BUREAU V.R.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 0053034

1. PLACE OF DEATH:

County Frederick Co.City or town Emmitsburg
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 2 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

John H. Birley

3. (b) Social Security Number

4. Sex

male

5. Color or race

white

6. (a) Single, married, widowed, or divorced

single

8. (b) Name of husband or wife

7. Birth date of

deceased (mo., day, yr.)

Sept 4, 1893

6. (c) If alive, give age _____ years

8. AGE:

Years 52 Months 4 Days 15 If less than one day _____ hrs. _____ min.

9. Birthplace

Baltimore, Md
(Town, county, and state)

10. Usual occupation

Carpenter

11. Industry or business

12. Name

Samuel D. Birley

13. Birthplace

red leg, Md

14. Maiden name

Grace E. Taylor

15. Birthplace

red leg, Md

16. Informant

Address

Mrs. Grace E. Taylor
Beachfield Dr. Tanaport, Md

17. (Burial, cremation, or removal, Which?)

Date thereof 1/22/46
(month) (day) (year)

Cemetery or crematory

Bedon Hill Cem

Location

Ritchie Highway

18. Funeral director

Address

John J. Corvan & Son
401-03 Bellows St19. 1-21 19 46
(Date rec'd by registrar)W. H. Hedgcock
MD Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MdCounty Frederick CoCity or town Emmitsburg

(If outside city or town limits, write RURAL and give nearest town)

Street No. _____

(If rural, give LOCATION)

2. (a) If veteran, name war _____

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 19 19 46, at 3 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

_____ 19 _____ to _____ 19 _____

and that I last saw him live on Jan 17 19 46

Immediate cause of death

shot gun wound of
chest

DURATION

immediate

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Suicide Date of 1/19/46Where did injury occur? Near Emmitsburg, Frederick Co, Md
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) homeMeans of injury shotgun Injured at work? noR. W. Barr MD

23. SIGNATURE

M. D. or other

Address Frederick, Md Date signed 1/19/46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for change of age is shown on

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 367

CERTIFICATE OF DEATH

00540

Reg. Dist. No. 137

FILM No. 100 JAN 22 1946

1. PLACE OF DEATH:
County Frederick
City or town Union Bridge Rural
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Lifetime
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Frederick
City or town Union Bridge
(If outside city or town limits, write RURAL and give nearest town)
Street No. Route 2
(If rural, give LOCATION)
2.(a) If veteran, name war None

3. (a) FULL NAME

Claude Solomon Bohn

3. (b) Social Security Number
213-03-1028

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Divorced
B. (b) Name of husband or wife
6. (c) If alive, give age _____ years
7. Birth date of deceased (mo., day, yr.) December 11 1882
8. AGE: Years 63 ? 62 Months 0 Days 29 If less than one day _____ hrs. _____ min.

9. Birthplace Frederick County Maryland
(Town, county, and state)
10. Usual occupation General Repairman
11. Industry or business Lehigh Portland Cement Co
FATHER 12. Name Daniel Bohn
13. Birthplace Maryland
MOTHER 14. Maiden name Mary Leakins
15. Birthplace Maryland
16. Informant George Bohn
Address 2937 Walbrook Ave. Baltimore Md

17. Burial Date thereof Jan 13 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Beaver Dam Cemetery
Location near Union Bridge Md
18. Funeral director D.D. Hartzler & Sons
Address Union Bridge & New Windsor Md

19. Date rec'd by registrar Jan 12 1946 Registrar Chas D. Cooper

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 10 1946 at 12 noon
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ to _____ 19____
and that I last saw him live on Jan 10 1946
Immediate cause of death Coronary occlusion

Due to 6ues
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____
Autopsy results _____
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide _____ Date of _____
Where did injury occur? _____ (City or town) _____ (County) _____ (State)
Injured at home, farm, industry, public place (where?) _____
Means of injury _____ Injured at work? _____
23. SIGNATURE Chas D Cooper M. D. or other _____
Address Frederick Md Date signed 1/10/46

RECEIVED
JAN 18 1946
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

00541

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Home for the Aged

How long in hospital or institution?

9 Months

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick-Rural R. F. D. #4
(If outside city or town limits, write RURAL and give nearest town)Street No. Near Frederick

(If rural, give LOCATION)

2.(a) If veteran, name war

None

3. (a) FULL NAME

EMMA MATILDA BROWN

3. (b) Social Security Number

None

4. Sex

F

5. Color or race

W

6. (a) Single, married, widowed, or divorced

S

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

May 30, 1862

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

83717

hrs. min.

9. Birthplace

Clinton County Penna.

(Town, county, and state)

10. Usual occupation

None

11. Industry or business

FATHER

12. Name

Henry C. Brown

MOTHER

13. Birthplace

Clinton County Penna.

14. Maiden name

Elizabeth Brown

15. Birthplace

Clinton County Penna.

16. Informant

Mrs. William M. Storm

Address

Frederick, Maryland

17. Burial

(Burial, cremation, or removal, which?)

Date thereof 1/19/46

(month) (day) (year)

Cemetery or crematory

Mount Olivet Cemetery

Location

Frederick, Maryland

18. Funeral director

M. R. Etchison and Son

Address

Frederick, Maryland19. 18 Jan

(Date rec'd by registrar)

19 46Elizabeth G. Heck

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 17th, 19 46, at 10:45 P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

December 17th, 19 45, to Jan. 17th 19 46and that I last saw her alive on January 17th, 19 46

Immediate cause of death

Cerebral hemorrhageJan. 17, 1946, 6:20 to 10:45 P.M.

DURATION

4 hoursDue to Chronic myocarditisDec. 17,1945

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Address Frederick, Maryland Date signed 1/18/46

RECEIVED
JAN 21 1946
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 30-2

00542

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 34 years
 Hospital, institution, or street address where death occurred:
Frederick City Hospital
 How long in hospital or institution? two weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 14 E. 3rd. Street
 (If rural, give LOCATION)
 2.(a) If veteran, name war None

3. (a) FULL NAME

MILTON CHRISTIS

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Divorced

B. (b) Name of husband or wife

6. (c) If alive, give age years7. Birth date of deceased (mo., day, yr.) May 10-1886

8. AGE: Years 59 Months 7 Days 20 If less than one day hrs. min.

9. Birthplace Greece
 (Town, county, and state)

10. Usual occupation Candy Maker

11. Industry or business

12. Name Cristis Kabadaes13. Birthplace Greece14. Maiden name Kanella Meimar15. Birthplace Greece16. Informant George ChristisAddress 14 E. 3rd. St- Frederick, Md.

17. Burial Date thereof Jan. 10-46
 (Burial, exhumation, or removal) (month) (day) (year)

Cemetery or crematory Mount Olivet CemeteryLocation Frederick, Md.18. Funeral director C.E.Cline and SonAddress Frederick, Md.

19. 8 Jan 19 46 Elizabeth G. Heck
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 7th. 19 46 at 2:10A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1 19 46, to Jan 6 19 46
 and that I last saw h. 7 alive on Jan 6 19 46

Immediate cause of death Uremia
deakitus mellitus
 Due to Diabetes

DURATION

3 dayDue to Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations Date of op. Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Means of Injury Injured at work? 23. SIGNATURE Pr. Bann M. D. or otherAddress Pr. Bann Date signed 1.7.46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

100-10000

UNITED STATES DEPARTMENT OF JUSTICE

INVESTIGATION OF DEATH

REPORT OF INVESTIGATION

STATE OF TEXAS

IDENTIFICATION CARD

RECEIVED
JAN 9 1946
BUREAU V.E.

11

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 28-70

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 6 days

Hospital, institution, or street address where death occurred:

Frederick City HospitalHow long in hospital or institution? 6 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland CountyCity or town Baltimore City
(If outside city or town limits, write RURAL and give nearest town)Street No. 3014 South Land Ave
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Coleman, Rachael

3. (b) Social Security Number

4. Sex

Female

5. Color or race

Colored

6. (a) Single, married, widowed, or divorced

Married

B. (b) Name of husband or wife

Franklin J. Coleman

7. Birth date of deceased (mo., day, yr.)

Oct. 26, 1931

6. (c) If alive, give age

26 years

8. AGE:

Years

24

Months

2

Days

22

If less than one day

hrs.

min.

9. Birthplace

Harford Co. Maryland
(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

MOTHER FATHER

12. Name

Charles Thomas

13. Birthplace

Maryland

14. Maiden name

Alveta Gray

15. Birthplace

Maryland

16. Informant

Franklin J. Coleman

Address

3014 South Land Ave Balto Md.

17.

(Burial, cremation, or removal. Watch?)

Date thereof

1-18-46
(month) (day) (year)

Cemetery or crematory

Simpson

Location

Poplar Springs Howard Co. Md.

18. Funeral director

E. M. Waltz

Address

Winfield Md.

19.

(Date rec'd by registrar)

19 46Elizabeth G. Hech

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 14, 1946 at 7:30 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 8, 1946 to January 14, 1946and that I last saw her alive on Jan. 14, 1946

Immediate cause of death

Cerebral Hemorrhage

DURATION

6 days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

E. P. Thomas

M. D. or other

Address Frederick Md. Date signed Jan 16-46

REPORT TO THE SECRETARY OF THE ARMY

OFFICE OF THE SECRETARY OF THE ARMY

RECEIVED

JAN 18 1946

BUREAU U.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age of deceased is shown on FILM No. I 00 FEB 14 1946 is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for change of age of deceased is shown on
MARYLAND STATE DEPARTMENT OF HEALTH
 2411 N. Charles St., Baltimore 77
CERTIFICATE OF DEATH

00544

Reg. Dist. No. 132

1. PLACE OF DEATH:County FrederickCity or town Rural Middletown
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 1 Month

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAMEMary Costello**4. Sex**Female**5. Color or race**white**6. (a) Single, married, widowed, or divorced**unknown**6. (b) Name of husband or wife**Bud Costello**7. Birth date of**

deceased (mo., day, yr.)

March 24, 1870**8. AGE:**Years 64 75**Months**10**Days**4

It less than one day

hrs.

min.

9. BirthplaceLoudon Co. Va.

(Town, county, and state)

10. Usual occupationHouse wife**11. Industry or business**unknown**MOTHER****FATHER****12. Name**unknown**13. Birthplace**unknown**14. Maiden name**unknown**15. Birthplace**Emory Shaffer**16. Informant**Middletown, Md.**17. Burial**

(Burial, cremation, or removal, Which?)

Date thereof

(month) (day) (year)

18. Cemetery or crematoryShort Hill Cemetery**19. Location**Loudon County Va.**20. Funeral director**Gladhill Co.**21. Address**Middletown, Md.**22. Date rec'd by registrar**Jan 30 1946

(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State VA County LoudonCity or town Purcellville
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2. (a) If veteran, name war _____

3. (b) Social Security Number**MEDICAL CERTIFICATION**20. DATE OF DEATH Jan 27 1946 at 8:10 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 20 1946 to Jan 27 1946and that I last saw her alive on Jan 27 1946

Immediate cause of death

DURATION

Due to Org. Gangrene (left leg) 9 daysDue to arterio-sclerosis

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur? none
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

J. E. Harp M.D.
Address Middletown Date signed Jan 28 1946

RECEIVED

FEB 2 1946

BUREAU V.B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 9320

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: *Frederick*
 County.....*Frederick (Rural)*
 City or town.....*Lifetime*
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?.....*5 days*
 Hospital, institution, or street address where death occurred:
Montenue
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State.....*md.* County.....*Frederick*
 City or town.....*Frederick*
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....*122 Water Street*
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....*none*

3. (a) FULL NAME

Susie Sherfy Crone

3. (b) Social Security Number

none

4. Sex.....*F* 5. Color or race.....*W* 6. (a) Single, married, widowed, or divorced.....*Widowed*
 6. (b) Name of husband or wife.....*Silas Crone*
 7. Birth date of deceased (mo., day, yr.).....*11-5-1871*

8. AGE: Years.....*74* Months.....*2* Days.....*7* It less than one day.....*hrs.*.....*min.*

9. Birthplace.....*Frederick Co. Md.*
 (Town, county, and state)

10. Usual occupation.....*Housekeeper*

11. Industry or business.....*Home*

12. Name.....*Benjamin Sherfy*

13. Birthplace.....*Frederick Co. Md.*

14. Maiden name.....*Don't Know*

15. Birthplace.....*" "*

16. Informant.....*Halter Poole*

Address.....*122 Water St. - Frederick Md.*

17. Burial.....*Burial* Date thereof.....*1-14-1946*
 (Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory.....*Lutheran Cemetery*

Location.....*Middletown - Md.*

18. Funeral director.....*C. E. Cline and Son*

Address.....*Frederick - Md.*

19. *14 Jan 1946* Registrar.....*Elizabeth G. Heck*
 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH.....*January 12 1946* at *4:05 P.* M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Jan. 10 1946 to *Jan 12 1946*
 and that I last saw her alive on *Jan. 12, 1946*

Immediate cause of death.....*Congestive heart failure*

Due to.....*Arterio-sclerotic cardio-vascular disease*

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE.....*Bernard Thomas Jr. M.D.*

Address.....*228 N. Market St. Fredk Md* Date signed.....*Jan. 14, 46*

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MASSACHUSETTS STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

RECEIVED

JAN 15 1946

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

00546

Reg. Dist. No. 137

1. PLACE OF DEATH:

County Frederick
 City or town Libertytown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
 City or town Libertytown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2(a) If veteran, name war _____

3. (a) FULL NAME

William David Curfman

3. (b) Social Security Number

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced Married8. (b) Name of husband or wife Ra Della Van Fossen7. Birth date of deceased (mo., day, yr.) Mar. 14, 1876 6. (c) If alive, give age _____ years8. AGE: Years 69 Months 9 Days 27 If less than one day _____ hrs. _____ min.9. Birthplace Libertytown
(town, county, and state)10. Usual occupation Merchant11. Industry or business General Merchandise Store12. Name W = Henry Curfman13. Birthplace Frederick Co. Md14. Maiden name Lura V. Steller15. Birthplace Frederick Co. Md.16. Informant W = D CurfmanAddress Libertytown Md.17. Burial, cremation, or removal. Which? Burial Date thereof Jan 13, 1946
(month) (day) (year)Cemetery or crematory MT ZionLocation near Mt Pleasant, Md.18. Funeral director Powell & HartylerAddress 2 Woodsboro Md.19. Jan 12 1946 Lin O. Curfman
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 11 - 1946 at 7-4 AM21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 15 min on full 1946and that I last saw him alive on Jan 11 - 1946Immediate cause of death Coronary Thrombosis

DURATION

15 min

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Ra H. Beall, M.D.Address Libertytown Md Date signed 1/11/46

UNITED STATES DEPARTMENT OF JUSTICE

OFFICE OF THE ATTORNEY GENERAL

WASHINGTON, D. C.

RECEIVED

RECEIVED

JAN 18 1946

BUREAU U.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

00547

Reg. Dist. No. 139

1. PLACE OF DEATH: County... <u>Frederick</u> City or town... <u>State Sanatorium, Md.</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? <u>Since 11/23/45</u> Hospital, institution, or street address where death occurred: <u>Maryland Tuberculosis Sanatorium</u> How long in hospital or institution? <u>Since 11/23/45</u>				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State... <u>Maryland</u> County... <u>Allegany</u> City or town... <u>Cumberland</u> (If outside city or town limits, write RURAL and give nearest town) Street No... <u>R.F.D. 4</u> (If rural, give LOCATION) 2.(a) If veteran, name war... <input checked="" type="checkbox"/>											
3. (a) FULL NAME <u>Charles List Daniels</u>				3. (b) Social Security Number <u>None</u>											
4. Sex <u>Male</u>		5. Color or race <u>White</u>		6. (a) Single, married, widowed, or divorced <u>Married</u>											
6. (b) Name of husband or wife <u>Minnie Daniels</u>				6. (c) If alive, give age <u>61</u> years											
7. Birth date of deceased (mo., day, yr.) <u>4/26/1878</u>				8. AGE: <table border="1"> <tr> <td>Years</td> <td>Months</td> <td>Days</td> <td>If less than one day</td> </tr> <tr> <td><u>67</u></td> <td><u>8</u></td> <td><u>8</u></td> <td>.....hrs.min.</td> </tr> </table>				Years	Months	Days	If less than one day	<u>67</u>	<u>8</u>	<u>8</u>hrs.min.
Years	Months	Days	If less than one day												
<u>67</u>	<u>8</u>	<u>8</u>hrs.min.												
9. Birthplace <u>Maryland</u> (Town, county, and state)															
10. Usual occupation <u>Farmer</u>															
11. Industry or business															
FATHER	12. Name <u>John Daniels</u>														
	13. Birthplace <u>Maryland</u>														
MOTHER	14. Maiden name <u>Sara Marker</u>														
	15. Birthplace <u>West Virginia</u>														
16. Informant <u>Minnie Daniels (Wife)</u> Address <u>R.F.D. 4, Cumberland, Md.</u>															
17. Burial <u>Fort Ashby, W. Va.</u> (Burial, cremation, or removal. Which?) <u>XXXX</u> Cemetery <u>Fort Ashby, W. Va.</u> Location <u>John J. Hafer</u> 18. Funeral director <u>Cumberland, Md.</u> Address <u>12/4/1945</u>															
19. (Date rec'd by registrar) <u>12/4/1945</u> Registrar <u>[Signature]</u>															
MEDICAL CERTIFICATION															
20. DATE OF DEATH <u>January 3</u> 19 <u>46</u> at <u>2:53 AM</u>															
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from <u>November 23</u> 19 <u>45</u> to <u>Jan. 3</u> 19 <u>46</u> and that I last saw him alive on <u>January 3</u> 19 <u>46</u>															
Immediate cause of death <u>Pulmonary Tuberculosis</u>															
DURATION <u>4 Mos.</u>															
Due to..... Due to..... Other conditions..... (Include pregnancy within 3 months of death)															
Major findings of operations Date of op.															
Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.															
22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide..... Date of Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury Injured at work?															
23. SIGNATURE <u>J. D. Lynn</u> M. D. <u>STATE</u> Address <u>State Sanatorium, Md.</u> Date signed <u>1/3/46</u>															

NOV 20 1946

RECEIVED
JAN 7 1946
BUREAU V.B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 3372

00548

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 4 Months

Hospital, institution, or street address where death occurred:

516 North Bentz Street

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)Street No. 516 North Bentz Street

(If rural, give LOCATION)

2(a) If veteran, name war None

3. (a) FULL NAME

JOHN FRANCIS DORSEY

3. (b) Social Security Number

None

4. Sex

M

5. Color or race

C

6. (a) Single, married, widowed, or divorced

S

6. (b) Name of husband or wife

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) September 3, 1945

8. AGE:

Years

Months

Days

If less than one day

0421

_____ hrs. _____ min.

9. Birthplace Frederick-Frederick-Maryland
(Town, county, and state)

10. Usual occupation

Infant

11. Industry or business

12. Name John T. Dorsey13. Birthplace Frederick County Maryland14. Maiden name Helen E. Thompson15. Birthplace Frederick County Maryland16. Informant John T. DorseyAddress 516 N. Bentz St., Frederick, Md.17. Burial Date thereof 1/26/46

(Burial, cremation, or removal, when?) (month) (day) (year)

Cemetery or crematory Fairview CemeteryLocation Frederick, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 25 Jan 19 46 Elizabeth G. Heda
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 24, 19 46, at 5:35 A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 21st 1946 to Jan 24th 1946
and that I last saw him alive on Jan 24th 1946

Immediate cause of death

acute bronchitis

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op. _____

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE H. H. Heda M. D.Address Frederick, Maryland Date signed 1-24-46

CERTIFICATE OF DEATH

NAME OF DECEASED

DATE OF DEATH

AGE

SEX

PLACE OF BIRTH

CAUSE OF DEATH

DATE OF DEATH

TIME OF DEATH

PLACE OF DEATH

DATE OF DEATH

HOSPITAL - INSTITUTION

RECEIVED

JAN 26 1946

BUREAU V.S.

★ Reg. Dist. No. 131

Address Frederick, Md. Date signed 1/27/46

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct use is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JAN 29 1946

BUREAU V. E.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

00550

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Walkersville
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 28 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

John H. Etzler

4. Sex

m

5. Color or race

w

6. (a) Single, married, widowed, or divorced

widowed6. (b) Name of ~~husband~~ or wife Olevia Nicodemus7. Birth date of deceased (mo., day, yr.) Dec. 20, 1860

8. AGE:

85

Years

Months

1

Days

11

It less than one day

hrs.min.

9. Birthplace

Frederick Co.
(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

FATHER

12. Name

Daniel Etzler

13. Birthplace

Frederick Co.

MOTHER

14. Maiden name

Angeline Nusbaum

15. Birthplace

Frederick Co.

16. Informant

Alvie Etzler

Address

Walkersville, Md.17. Burial
(Burial, cremation, or removal, which?)Date thereof Feb. 3, 1946
(month) (day) (year)

Cemetery or crematory

Union Chapel

Location

W. Liberty town

18. Funeral director

G. C. Barton

Address

Walkersville19. 1- Feb
(Date rec'd by registrar)19 46Elizabeth G. Hach
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

md

County

Frederick

City or town

Walkersville
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 31 1946, at 11 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19 to 19
and that I last saw him live on Jan 31 1946

Immediate cause of death

gun shot wound of chest

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide suicide Date of 1-31-46Where did injury occur? Walkersville, Frederick Co., Md.
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) Shot in back yard.Means of injury 12 ga. Shotgun Injured at work? no

23. SIGNATURE

R. W. Barr

M. D. or other

Address

Frederick, mdDate signed 1-31-46

RECEIVED

FEB 2 1946

BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:
County..... Frederick
City or town..... Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?..... Lifetime
Hospital, institution, or street address where death occurred:
Frederick City Hospital
How long in hospital or institution?..... 5 hours

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State..... Maryland County..... Frederick
City or town..... Frederick
(If outside city or town limits, write RURAL and give nearest town)
Street No..... 210 West Patrick Street
(If rural, give LOCATION)
2.(a) If veteran, name war..... None

3. (a) FULL NAME
LEWIS FRALEY FAGAN

3. (b) Social Security Number
214-10-5255

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife..... Ethel Mary Christ

6. (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) Sept. 7-1892

8. AGE: Years 53 Months 4 Days 4 If less than one day hrs. min.

8. Birthplace Frederick County Md.
(Town, county, and state)

10. Usual occupation Clerk

11. Industry or business Grocery store

12. Name Charles T. Fagan

13. Birthplace Frederick, Md.

14. Maiden name Addie Fraley

15. Birthplace Frederick, Md.

16. Informant Charles W. Stup

Address Frederick, Md.

17. Burial Date thereof Jan. 13-1946
(Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory Mount Olivet Cemetery

Location Frederick, Md.

18. Funeral director C.E. Cline and Son

Address Frederick, Md.

19. 12 Jan 1946 Elizabeth G. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 11th 1946 at 9:45A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 1 1945 to Jan. 11 1946 and that I last saw him alive on Jan. 10 1946

Immediate cause of death

None cardiac insufficiency 3 mo.

Due to

Rheumatic Heart Disease

Due to

Chronic Insufficiency

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

None Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

Signature A. Foster Parr M.D.

Address Frederick, Md. Date signed 1/12/46

23. SIGNATURE

Address

Date signed 1/12/46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JAN 15 1946

BUREAU V S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 136

CERTIFICATE OF DEATH

Reg. Dist. No. 00552
139

1. PLACE OF DEATH:

County... Frederick
City or town... State Sanatorium, Maryland
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?... Since 10/25/44
Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
How long in hospital or institution?... Since 10/25/44

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County...
City or town... Baltimore
(If outside city or town limits, write RURAL and give nearest town)
Street No. 921 N. Payson St.
(If rural, give LOCATION)
2.(a) If veteran, name war...

3. (a) FULL NAME

George W. Farrell

3. (b) Social Security Number

215-01-3581

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) 1/27/1911 6.(c) If alive, give age... years

8. AGE: Years 34 Months 11 Days 20 If less than one day
..... hrs. min.

9. Birthplace... Baltimore, Md.
(Town, county, and state)

10. Usual occupation Fireman

11. Industry or business

FATHER 12. Name George J. Farrell
13. Birthplace Baltimore, Md.

MOTHER 14. Maiden name Jane Nolan
15. Birthplace Ireland

16. Informant Deceased

Address

17. Burial Date thereof Jan. 21, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Memorial Park Cathedral
Location Baltimore, Md.

18. Funeral director M. L. Creager & Son
Address Thurmont, Maryland

19. H16806 Registrar
(Date read by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH January 16 19 46 at 6:45 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
October 25 19 44 to Jan. 16 19 46
and that I last saw him alive on January 16 19 46

Immediate cause of death Pulmonary Tuberculosis DURATION 4 1/2 Yrs.

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

.....Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?.....
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE J. D. L... M. D. L...

Address State Sanatorium, Md. Date signed 1/17/46

CERTIFICATE OF DEATH

RECEIVED
JAN 21 1946
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct size is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH: Frederick
County.....
City or town..... State Sanatorium, Maryland
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Since 9/16/44
Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
How long in hospital or institution? Since 9/16/44

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State..... Maryland County.....
City or town..... Baltimore
(If outside city or town limits, write RURAL and give nearest town)
Street No. 2812 Echodale Ave.
(If rural, give LOCATION)
2.(a) If veteran, name war..... Navy 1911-1915

3. (a) FULL NAME
Andrew Faulhaber

3. (b) Social Security Number
None

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Mary Faulhaber

7. Birth date of deceased (mo., day, yr.) 5/3/1882 6. (c) If alive, give age 64 years

8. AGE: Years 63 Months 8 Days 19 If less than one day ..hrs. ..min.

8. Birthplace Baltimore, Maryland
(Town, county, and state)
10. Usual occupation Carpenter

11. Industry or business

12. Name Andrew Faulhaber
13. Birthplace Germany
14. Maiden name Mary Phaffenbach
15. Birthplace Baltimore, Md.

16. Informant Deceased
Address

17. Burial Date thereof Jan. 25, 1946
(Burial, cremation, or removal, Which?) (month) (day) (year)
Cemetery or crematory Holy Redeemed Cem
Location Baltimore, Md

18. Funeral director M. C. Creager & Son
Address Thurmont, Md.

19. (Date rec'd by registrar) 1/22/46 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 22 1946 at 7:35 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 16 1944 to Jan. 22 1946 and that I last saw him alive on January 22 1946.

Immediate cause of death Pulmonary Tuberculosis DURATION 21 Mos.

Due to

Due to

Other conditions Bronchial Asthma 20 Yrs.

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of Injury Injured at work?

23. SIGNATURE R. B. Bacci, Jr. M. D. State Sanatorium, Md. Date signed 1/23/46

RECEIVED

JAN 25 1946

BUREAU V.R.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 742

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, institution, or street address where death occurred:
210 East Fifth Street
How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)
Street No. 210 East Fifth Street
(If rural, give LOCATION)
None
2.(a) If veteran, name war.....

3. (a) FULL NAME

STEWART S. FILBY

3. (b) Social Security Number

None

4. Sex M 5. Color or race W 6.(a) Single, married, widowed, or divorced M
6.(b) Name of husband or wife Mollie I. Linton
6.(c) If alive, give age 64 years
7. Birth date of deceased (mo., day, yr.) August 29, 1881
8. AGE: Years 64 Months 4 Days 28 If less than one day
.....hrs.min.

9. Birthplace Frederick-Frederick-Maryland
(Town, county, and state)
10. Usual occupation Retired Candy Maker
11. Industry or business

FATHER 12. Name Thaddeus Filby
13. Birthplace Frederick County Maryland
MOTHER 14. Maiden name Horacien Wilson
15. Birthplace Reisterstown, Maryland
16. Informant Mrs. Mollie L. Filby
Address 210 E. 5th St., Frederick, Md.

17. Burial Burial Date thereof 1/30/46
(Burial, cremation, or ~~other~~ Which?) (month) (day) (year)
Cemetery or crematory Mount Olivet Cemetery
Frederick, Maryland
Location
18. Funeral director M. R. Etchison and Son
Address Frederick, Maryland

19. 28 Jan 1946 Elizabeth G. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 27, 1946 at 5:30P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
.....19..... to19.....
and that I last saw him alive on January 27th, 1946

Immediate cause of death Cerebral occlusion
DURATION 1 minute

Due to.....
Due to.....
Other conditions.....
(Include pregnancy within 8 months of death)

Major findings of operations.....
Date of op.
Autopsy results.....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide..... Date of.....
Where did injury occur?.....
(City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE P. W. - Bon Deputy Medical Examiner
M. D. or other
Address Frederick, Maryland Date signed 1-28-46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The shortest age is especially important. Physicians: please write the causes of death clearly and legibly.

00554

OFFICE OF THE ATTORNEY GENERAL

WASHINGTON, D. C.

RECEIVED

JAN 29 1945

BUREAU V. E.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

00555

Reg. Dist. No. 144

1. PLACE OF DEATH:

County FredrickCity or town Graceland
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Life time

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FredrickCity or town Graceland
(If outside city or town limits, write RURAL and give nearest town)Street No. 22

(If rural, give LOCATION)

2. (a) If veteran, name war no

3. (a) FULL NAME

Mollie Florence Fisher

3. (b) Social Security Number

none

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed6. (b) Name of husband or wife Fredrick J. Fisher

7. Birth date of

deceased (mo., day, yr.)

May 14, 1859

6. (c) If alive, give age..... years

8. AGE:

Years

Months

Days

If less than one day

86718

.....hrs.

.....min.

9. Birthplace Graceland, Fredrick Co., Md.

(Town, county, and state)

10. Usual occupation

Retired

11. Industry or business

Housewife

FATHER

12. Name

Michael J. Fisher

13. Birthplace

Graceland, Md.

MOTHER

14. Maiden name

Harriet Shuler

15. Birthplace

Graceland, Md.

16. Informant

Mrs. Harriet Fisher

Address

Graceland, Md.

17.

(Burial, cremation, or removal. Which?)

Date thereof

Jan 5, 1946
(month) (day) (year)

Cemetery or crematory

Graceland Cemetery

Location

Graceland, Md.

18. Funeral director

M. P. League, Inc.

Address

Thurmont, Md.

19.

(Date rec'd by registrar)

19 1946Blanche S. Eyle

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 2, 1946 at 12 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 1st 19 46, to Jan 2nd 19 46and that I last saw him alive on Jan 1st 19 46

Immediate cause of death

Cerebral Neurosis

DURATION

3 days

Due to

Gall Stones6 yrs

Due to

Pericardial Effusion2 yrs

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

W. A. Birch, M.D.

M. D. or other

Address Thurmont, Md. Date signed 1/3/46

RECEIVED
JAN 7 1946
BUREAU V.A.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 00556 131

1. PLACE OF DEATH:
 County Fredenrich
 City or town Fredenrich
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 3 days
 Hospital, institution, or street address where death occurred:
Fredenrich City Hospital
 How long in hospital or institution? 3 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State Maryland County Carroll
 City or town New Windsor
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Rural
 (If rural, give LOCATION)
 2.(a) If veteran, name war ✓

3. (a) FULL NAME Thurston Edward Fisher 3. (b) Social Security Number

4. Sex Male 5. Color or race Colored 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife Laverna Fisher
 6. (c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) June 4-1905
 8. AGE: Years 40 Months 7 Days 15 If less than one day _____ hrs. _____ min.
 9. Birthplace Carroll County, Md.
 (Town, county, and state)
 10. Usual occupation Farmer

11. Industry or business
 12. Name Edward Fisher
 13. Birthplace Maryland
 14. Maiden name Martha Fisher
 15. Birthplace Maryland

16. Informant Mrs. Laverna Fisher
 Address New Windsor Md. R. 1.

17. Burial Date thereof Jan 21-46
 (Burial, cremation, or funeral) (month) (day) (year)
 Cemetery or crematory Oldfield Cemetery
 Location Shertown R. 1.

18. Funeral director W. H. Hartley & Sons
 Address Union Bridge New Windsor Md.

19. 19 Jan 1946 Elizabeth G. Heck
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 18 1946, at 9:45 P.M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 15 1946, to Jan 18 1946
 and that I last saw him alive on Jan 18 1946
 Immediate cause of death Acute Endocarditis

DURATION

Due to _____
 Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)
 Major findings of operations _____
 Date of op. _____

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____

23. SIGNATURE G. R. Thomas M. D. or other
 Address Seabrook Md. Date signed Jan 18-46

RECEIVED

JAN 22 1946

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 740

1089

CERTIFICATE OF DEATH

Reg. Dist. No. 81

1. PLACE OF DEATH:

County.....Federal
 City or town.....Union Bridge Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?.....Life time
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....Maryland County.....Federal
 City or town.....Union Bridge Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....Johnsville
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

Elizabeth Horning Fogle

3. (b) Social Security Number

None

4. Sex.....Female 5. Color or race.....White 6. (a) Single, married, widowed, or divorced.....Married
 6. (b) Name of husband or wife.....Charles Fogle
 B. (c) If alive, give age..... years
 7. Birth date of deceased (mo., day, yr.).....January 27-1865
 8. AGE: Years.....80 Months.....11 Days.....21 If less than one day..... hrs. min.

9. Birthplace.....Carroll County, Maryland
 (Town, county, and state)

10. Usual occupation.....Housewife

11. Industry or business.....at home

FATHER 12. Name.....Samuel Horning

13. Birthplace.....Penna

MOTHER 14. Maiden name.....Mary Hoff

15. Birthplace.....Penna

16. Informant.....Charles Fogle

Address.....Union Bridge Md R 2

17. Burial Date thereof.....Jan 9-1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory.....Bear Den Cemetery

Location.....near Union Bridge Md

18. Funeral director.....D. D. Houtledge Sr

Address.....Union Bridge near Washers Md

19. Jan 8 19 46 Highman
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH.....Jan 6 19 46 at 1 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 4 19 46 to Jan 6 19 46

and that I last saw him alive on Jan 6 19 46

Immediate cause of death.....Coronary Thrombosis DURATION

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE.....W. M. M. M. M. M. M. D. or other

Address.....Union Bridge Date signed.....Jan 7 19 46

RECEIVED
MAY 11 1946
BUREAU V.B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-2) +

CERTIFICATE OF DEATH

Reg. Dist. No.

00557

131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick Rural
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred Emergency Hospital
 How long in hospital or institution? 24 hrs.

3. (a) FULL NAME

Benjamin Franklin Fry

3. (b) Social Security Number

4. Sex Male 5. Color or race Colored 6. (a) Single, married, widowed, or divorced Married

8. (b) Name of husband or wife Elie Mae Gross

7. Birth date of deceased (mo., day, yr.) June 21, 1909 6. (c) If alive, give age _____ years

8. AGE: Years 36 Months 6 Days 13 It less than one day _____ hrs. _____ min.

9. Birthplace Hillsboro, Virginia
 (Town, county, and state)

10. Usual occupation laborer

11. Industry or business B & O R.R.

12. Name Carlston Fry

13. Birthplace Virginia

14. Maiden name Lutecia Moton

15. Birthplace Virginia

16. Informant Elie

Address Emergency Hosp. Frederick, Md.

17. Burial (Burial, cremation, or removal, etc.) Catholic Cem. Date thereof Jan 5-1946
 (month) (day) (year)

Cemetery or crematory Petersville - Maryland

Location CD 622/2 9800

18. Funeral director Binnick & Sons

Address Frederick, Md.

19. 3-Jan 1946 Elizabeth G. Heck

(Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Frederick

City or town Frederick Rural
 (If outside city or town limits, write RURAL and give nearest town)

Street No. R.F. S+T
 (If rural, give LOCATION)

2. (a) If veteran, name war

MEDICAL CERTIFICATION

20. DATE OF DEATH January 3, 1946 at 12 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 2, 1946 to Jan. 3, 1946

and that I last saw him alive on January 3, 1946

Immediate cause of death Peritonitis

Due to Intestinal Obstruction

Carcinoma of intestine, sigmoid

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations No operation

Antopsy results No antopsy

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work?

23. SIGNATURE B. D. Kenna Jr. M. D.

Address Frederick, Md. Date signed Jan. 3, 1946

RECEIVED
JAN 8 1946
BUREAU V.E.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

00558

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Tuscarora - Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 24 Hours
 Hospital, institution, or street address where death occurred:
Near Nolan's Ferry
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town Frederick - Rural R. F. D. #3
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Wilson Avenue
 (If rural, give LOCATION)
 2(a) If veteran, name war None

3. (a) FULL NAME

CHARLES ELMER GEISBERT

3. (b) Social Security Number

578-10-0055

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced M

6. (b) Name of husband or wife C. Irene Mackley6. (c) If alive, give age 45 years7. Birth date of deceased (mo., day, yr.) February 24, 1899

8. AGE: Years 46 Months 10 Days 27 If less than one day
 hrs. min.

9. Birthplace Nr. Frederick-Frederick-Maryland
(Town, county, and state)10. Usual occupation Tire Distributor11. Industry or business W. G. Crowther12. Name Charles G. Geisbert13. Birthplace Frederick County Maryland14. Maiden name Sarah Snouffer15. Birthplace Frederick County Maryland16. Informant Mrs. Irene M. GeisbertAddress Frederick, Md.-R. F. D. #3

17. Burial Date thereof 1/25/46
 (Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory Mount Olivet CemeteryLocation Frederick, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland

19. 24 Jan 1946 Elizabeth G. Hech
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 21, 1946 at 3 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

17 days on Jan 22, 1946
 and that I last saw him 17 days on Jan 22, 1946

Immediate cause of death S. Haemorrhage due to hangingDue to hangingDue to hangingOther conditions hanging

(Include pregnancy within 3 months of death)

Major findings of operations hangingDate of op. hangingAutopsy results hanging

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide suicide Date of 1-21-46Where did injury occur? Tuscarora Frederick Md.
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) Cabin on farmMeans of injury Hanging Injured at work? no23. SIGNATURE P. W. Han M. D. or other Ex.Address Frederick Md. Date signed 1-22-46

CERTIFICATE OF DEATH

RECEIVED
JAN 25 1946
BUREAU V.R.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 110-6

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick City Hospital

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Adamstown - Rural
 (If outside city or town limits, write RURAL and give nearest town)

Street No. Flint Hill

(If rural, give LOCATION)

None

2.(a) If veteran, name war

3. (a) FULL NAME

RICHARD ALONZO GILCHRIST

3. (b) Social Security Number

None

4. Sex M 5. Color or race C 6. (a) Single; married, widowed, or divorced M

6. (b) Name of husband or wife Clara Lee6. (c) If alive, give age 52 years7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years 55? Months Days If less than one day
hrs.min.

9. Birthplace Washington, D. C.
 (Town, county, and state)
Laborer

10. Usual occupation

11. Industry or business

12. Name Walker Gilchrist
 13. Birthplace Westmoreland County Virginia

14. Maiden name Susan Winston
 15. Birthplace Westmoreland County Virginia

16. Informant Mrs. Clara L. Gilchrist
 Address Adamstown, Maryland - Rural

17. Burial Date thereof 1/26/46
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Fairview Cemetery
 Location Frederick, Maryland

18. Funeral director M. R. Etchison and Son
 Address Frederick, Maryland

19. 24 Jan 19 46 Elizabeth G. Heck
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 22nd, 1946 at 1:55 P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Jan 10 19 46 to Jan 22 19 46
 and that I last saw him alive on Jan 22 19 46

Immediate cause of death

DURATION

Pneumonia with
effusion
 Due to ?
 Due to ?

Other conditions Pleurisy with effusion
 (Include pregnancy within 3 months of death)

Major findings of operations ?
 Date of op. ?

Autopsy results ?
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE E. P. Thomas M. D.
 M. D. or other

Address Frederick, Maryland Date signed 1-23-46

CERTIFICATE OF DEATH

A THOU SHALT NOT LIE DOWN IN THY BED

PHYSICIAN'S CERTIFICATE

RECEIVED
JAN 25 1946
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

00560

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Lifetime
 Hospital, institution, or street address where death occurred:
34 South Market Street
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 34 South Market Street
 (If rural, give LOCATION)
 2.(a) If veteran, name war None

3. (a) FULL NAME

CORA ELIZABETH HALLER

3. (b) Social Security Number

None

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Female White Widowed

6. (b) Name of husband or ~~wid~~ Thomas H. Haller

7. Birth date of deceased (mo., day, yr.) September 28, 1859
 8. (c) If alive, give age 46 years

8. AGE: Years Months Days If less than one day
86 3 24 hrs. min.

9. Birthplace Frederick, Maryland
 (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name William D. Bowers

13. Birthplace Frederick County, Maryland

MOTHER 14. Maiden name Charlotte Leiter Rontzahn

15. Birthplace Frederick County, Maryland

16. Informant T. Stuart Haller and W. Harry Haller

Address Near Frederick, Maryland

17. Burial Date thereof Jan. 24, 1946
 (Burial, cremation, or removal, which) (month) (day) (year)

Cemetery or ~~crematory~~ Mount Olivet Cemetery

Location Frederick, Maryland

18. Funeral director C. E. Cline & Son

Address 8 East Patrick St., Frederick, Md.

19. 23 Jan 1946 Elizabeth G. Hersh
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 22 1946 at 10:20 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov-1 1945 to Jan 22 1946
 and that I last saw her alive on Jan. 22 1946

Immediate cause of death Cerebral vascular thrombosis

DURATION 2 days

Due to Myocardial infarction

Due to Arteriosclerosis

Other conditions Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings of operations None

Date of op. None

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE A. A. O'Carroll, M.D. M. D. or other

Address Frederick, Md. Date signed 1/22/46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

MASSACHUSETTS STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

RECEIVED

JAN 24 1946

BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1702

00561

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick City HospitalHow long in hospital or institution? 6 Hours

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State District of Columbia County FrederickCity or town Washington

(If outside city or town limits, write RURAL and give nearest town)

Street No. 3328 Holmeade Street N. W.

(If rural, give LOCATION)

2(a) If veteran, name war None ✓

3. (a) FULL NAME

JOHN WALLACE HARAWAY

3. (b) Social Security Number

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced S

6. (b) Name of husband or wife

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) November 11, 19088. AGE: Years 37 Months 2 Days 13 If less than one day _____ hrs. _____ min.9. Birthplace Danville, Virginia
(Town, county, and state)10. Usual occupation Laborer

11. Industry or business

12. Name John W. Haraway, Sr.13. Birthplace Danville, Virginia14. Maiden name Nannie Cole15. Birthplace Danville, Virginia16. Informant H. W. HarawayAddress 3328 Holmeade St., N. W.17. Burial Washington, D. C. Date thereof 1/27/46
(Burial, cremation, or removal, which) (month) (day) (year)Cemetery or crematory Leemont CemeteryLocation Danville, Virginia18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 25 Jan 1946 Elizabeth G. Heck
(Date rec'd by registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 24 1946 at 8:05 P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

_____ and that I last saw him alive on Jan 24 1946

Immediate cause of death

Fracture of skull
Fracture of left arm
due to lacrimations of scalp
& face. shaver
(hemorrhage)

DURATION

6 hrs.

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op. _____

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of 1.34.46Where did injury occur? 1716 C. of Frederick & Frederick, Md.
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) Route 240Means of injury auto Injured at work? no23. SIGNATURE Richard used ex.
M. D. or otherAddress Frederick, Md. Date signed 1.34.46

MARGIN RESERVED FOR BINDING

I

VS A15 9-45-1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JAN 26 1946

BUREAU V.A.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 10

CERTIFICATE OF DEATH

 06562
 ★ Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick Rural
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

4. Sex

Male

5. Color or race

Colored

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

7. Birth date of

deceased (mo., day, yr.)

8. AGE:

Years

4

Months

6

Days

4

If less than one day

hrs.min.

9. Birthplace

Frederick County, Maryland
(Town, county, and state)

10. Usual occupation

child

11. Industry or business

12. Name

Michael G. Harris

13. Birthplace

Frederick County, Md.

14. Maiden name

Helen Bowring

15. Birthplace

Frederick County, Maryland

16. Informant

Emergency Hosp - Fredk. Md.

Address

Burke

17. (Burial, cremation, or removal, which?)

Date thereof

1-9-1946
(month) (day) (year)

Cemetery or crematory

Methodist Cemetery

Location

Pt. of Rocks - Maryland

18. Funeral director

C. E. Clive & Son

Address

Frederick - Maryland

19. 7-Jan 1946

(Date read by registrar)

19. 46

Registrar

Elijah G. Hack

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MarylandCity or town Mount Airy, Rural
(If outside city or town limits, write RURAL and give nearest town)Street No. Rt. 1 #2
(If rural, give LOCATION)

2. (a) If veteran, name war

none

3. (b) Social Security Number

none

MEDICAL CERTIFICATION

2D. DATE OF DEATH

January 5, 1946 at 10:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan. 5, 1946 to Jan. 5, 1946and that I last saw him alive on January 5, 1946

Immediate cause of death

Diphtheria, laryngeal

DURATION

24 h.

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

B. O. Thomas Jr. M.D.

Address

Frederick, Md.

Date signed

Jan. 5, 1946

RECEIVED

JAN 8 1946

BUREAU V 8

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

001503

1. PLACE OF DEATH:

County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 12 years

Hospital, institution, or street address where death occurred:

136 West All Saint Street

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)Street No. 136 West All Saint Street

(If rural, give LOCATION)

2.(a) If veteran, name war None

3. (a) FULL NAME

DELLA DAISY BOWIE HILL

3. (b) Social Security Number

None

4. Sex <u>F</u>	5. Color or race <u>C</u>	6. (a) <u>Single</u> , married, widowed, or divorced <u>M</u>
--------------------	------------------------------	--

6. (b) Name of husband or wife Kiefer A. Hill6. (c) If alive, give age 51 years7. Birth date of deceased (mo., day, yr.) May 25, 1895

8. AGE:	Years	Months	Days	If less than one day
	<u>50</u>	<u>9</u>	<u>26</u> hrs. min.

9. Birthplace Centerville-Frederick-Maryland
(Town, county, and state)10. Usual occupation At Home

11. Industry or business

12. Name James A. Bowie13. Birthplace Frederick County Maryland14. Maiden name Frances Hammond15. Birthplace Frederick County Maryland16. Informant Kiefer A. HillAddress 136 W. All Saint St., Frederick, Md.17. Burial Date thereof 1/24/46
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Ebenezer Methodist CemeteryLocation Ijamsville, Maryland-Rural18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 22 Jan 19 46 Elizabeth G. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 21, 1946 at 10:50 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 17, 1944 to Jan 21, 1946 and that I last saw him alive on Jan 21, 1946Immediate cause of death Carcinoma of Cervix UteriDURATION 2 1/2 yrs.

Due to

Due to

Other conditions Metastasis to liver

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE J. P. Selvolium M. D.Address Frederick, Maryland Date signed 1-22-46

CERTIFICATE OF DEATH

NAME OF DECEASED

DATE OF DEATH

RECEIVED
JAN 24 1946
BUREAU V. S.

VERMONT STATE DEPARTMENT OF HEALTH

111

Evidence for addition of
usual residence of deceased
is shown on

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00564

FILM No. I 00 FEB 14 1946

CERTIFICATE OF DEATH

Reg. Dist. No. 138

1. PLACE OF DEATH:

County Frederick
City or town Kemptown
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town R.F.D. Monrovia
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Howard Samuel Hollingsworth

3. (b) Social Security Number

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

male white married

8. (b) Name of husband or wife Marie Hollingsworth

7. Birth date of deceased (mo., day, yr.) July 15 - 1875 6. (c) If alive, give age 54 years

8. AGE: Years Months Days If less than one day
20 6 13 hrs. min.

9. Birthplace Hartford County Md.
(Town, county, and state)

10. Usual occupation labor

11. Industry or business

12. Name John Hollingsworth

13. Birthplace Hartford County

14. Maiden name unknown

15. Birthplace unknown

16. Informant Mrs Marie Hollingsworth

Address Monrovia Md.

17. Burial Date thereof Jan 30 1946
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Kemptown

Location Kemptown

18. Funeral director H. M. Snider

Address 1111 Airy

19. Jan 30 1946
(Date rec'd by registrar)

Raymond Day
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 28, 1946, at 4:00 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 16, 1946 to January 28, 1946

and that I last saw him alive on January 28, 1946

Immediate cause of death Coronary thrombosis

Due to arteriosclerotic cardio-vascular disease

AND: Pulmonary edema.

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of Injury _____ Injured at work? _____

23. SIGNATURE James D. Kerr M.D.

Address Dumfries, Md. Date signed 1/28/46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
FEB 7 1946
BUREAU V S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 135

00565

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:
County... Frederick
City or town... State Sanatorium, Maryland
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Since 3/22/44
Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
How long in hospital or institution? Since 3/22/44

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State... Maryland County... Howard
City or town... Dayton
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war.....

3. (a) FULL NAME
William Edgar Johnson
3. (b) Social Security Number
None

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Single
6.(b) Name of husband or wife.....
7. Birth date of deceased (mo., day, yr.) 10/4/1900 6.(c) If alive, give age..... years
8. AGE: Years 45 Months 3 Days 15 It less than one day.....hrs.min.

9. Birthplace... Howard County, Md.
(Town, county, and state)
10. Usual occupation... Farmer
11. Industry or business

12. Name... Henry H. Johnson
13. Birthplace... Howard Co., Md.
14. Maiden name... Louisa Day
15. Birthplace... Howard Co., Md.
16. Informant... Deceased

Address
17. Burial Date thereof... Jan. 22, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory... Unknown Methodist Chapel
Location... Clarksville, Md.
18. Funeral director... F. C. Higenbotham
Address... Ellicott City, Md.

19. 4/19/1946
(Date read by Registrar) Registrar

MEDICAL CERTIFICATION
20. DATE OF DEATH... January 19 19 46 at 12:10 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
March 22 19 44, to Jan. 19 19 46
and that I last saw him alive on January 19 19 46

Immediate cause of death... Pulmonary Tuberculosis
DURATION
2 yrs.
4 mos.
Due to.....
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.
Autopsy results.....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide..... Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE... J. B. Lyon M. D. XXXX
Address... State Sanatorium, Md. Date signed 1/19/46

MARGIN RESERVED FOR BINDING

VS A15 T

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

RECEIVED
JAN 21 1946
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 32

CERTIFICATE OF DEATH

00566

Reg. Dist. No. 131

1. PLACE OF DEATH:
County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Lifetime
Hospital, institution, or street address where death occurred:
Frederick City Hospital
How long in hospital or institution? 3 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)
Street No. 138 West Second Street
(If rural, give LOCATION)
2(a) If veteran, name war None

3. (a) FULL NAME

JEANNETTE JOHNSTON

3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Single
6. (b) Name of husband or wife None
6. (c) If alive, give age _____ years
7. Birth date of deceased (mo., day, yr.) September 18, 1863
8. AGE: Years 82 Months 4 Days 5 If less than one day _____ hrs. _____ min.

9. Birthplace Frederick, Maryland
(Town, county, and state)

10. Usual occupation Housekeeper

11. Industry or business

12. Name Robert Johnston

13. Birthplace Frederick County, Md.

14. Maiden name Mary Markell

15. Birthplace Frederick County, Md.

16. Informant Mrs. Holmes D. Baker

Address Frederick, Maryland

17. Burial Date thereof Jan. 25, 1946
(Burial, cremation, or removal; which?) (month) (day) (year)

Cemetery or crematory Mount Olivet Cemetery

Location Frederick, Maryland

18. Funeral director C. E. Cline & Son

Address 8 East Patrick St., Frederick, Md.

19. 24 Jan 1946 Elizabeth L. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 23 1946 at 1:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 20 1946 to Jan 23 1946
and that I last saw him alive on Jan 32 1946

Immediate cause of death Cerebral hemorrhage DURATION 3 days

Due to Arterio sclerosis 1st

Due to _____

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Robert Johnston M. D. or other

Address Frederick, Md. Date signed 1/24/46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MASSACHUSETTS DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

RECEIVED

JAN 25 1946

BUREAU V R

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 484 x

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:
 County Frederick
 City or town Rural Adamstown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Lifetime
 Hospital, institution, or street address where death occurred: _____

How long in hospital or institution? _____

3. (a) FULL NAME

Katie Lavenia Jones

3. (b) Social Security Number

none

4. Sex F 5. Color or race C 6. (a) Single, married, widowed, or divorced married
 6. (b) Name of husband or wife Wm. H. Jones
 6. (c) If alive, give age 70 years
 7. Birth date of deceased (mo., day, yr.) 9-23-74
 8. AGE: Years 71 Months 3 Days 12 If less than one day _____ hrs. _____ min.

9. Birthplace Frederick County - Md.
 (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER
 12. Name Wm. A. Kluffins
 13. Birthplace Maryland
 MOTHER
 14. Maiden name Don't Know
 15. Birthplace _____

16. Informant Wm. H. Jones
 Address Sunnyside - Md.

17. Burial (Burial, cremation, or removal, which?) Burial Date thereof 1-9-1946 (month) (day) (year)
 Cemetery or crematory Sunnyside Cemetery
 Location Sunnyside - Md.

18. Funeral director C. E. Cline and Son
 Address Frederick Md.

19. 8-Jan 1946 Elizabeth G. Hack
 (Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Frederick
 City or town Rural - Adamstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2. (a) If veteran, name war none

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 5 1946, at 12:03 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 15 1945 to Jan 5 1946
 and that I last saw him alive on Jan 5 1946

Immediate cause of death Arteriosclerosis (Coronary)
MI

Due to Myocardial Infarction
MI

Due to _____

Other conditions Arteriosclerosis
MI
 (Include pregnancy within 3 months of death)

Major findings of operations _____
 Date of op. _____

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of Injury _____ Injured at work? _____

23. SIGNATURE A. J. Price
Jefferson
 Address _____ Date signed 1/9/46
 M. D. or other _____

RECEIVED
JAN 9 1946
BUREAU V.C.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

CERTIFICATE OF DEATH

00568

Reg. Dist. No. 134

1. PLACE OF DEATH:

County... *Fredrick*
 City or town... *Rural in Emmitsburg*
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?... *1 week*
 Hospital, institution, or street address where death occurred:
4 miles South
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State... *MD* County... *Fredrick*
 City or town... *Emmitsburg*
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION)
 2.(a) If veteran, name war... *WW*

3. (a) FULL NAME

Martha Ann Kaas

3. (b) Social Security Number

40

4. Sex... *Female* 5. Color or race... *White* 6.(a) Single, married, widowed, or divorced... *Single*
 6.(b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.)... *Aug 10 - 1874*
 8. AGE: Years... *21* Months... *5* Days... *9* If less than one day..... hrs. min.

9. Birthplace... *Emmitsburg Fredrick Md*
 (Town, county, and state)
 10. Usual occupation... *Housewife*
 11. Industry or business... *Own home*

12. Name... *John Kaas*
 13. Birthplace... *Emmitsburg Md*

14. Maiden name... *Ellen Keefe*
 15. Birthplace... *Emmitsburg Md*

16. Informant... *Mr Martin I. Kaas*
 Address... *Rocky Ridge Md*

17. Burial (burial, cremation, or removal, Which?)... *Burial* Date thereof... *Jan 22 - 1946*
 (month) (day) (year)
 Cemetery or crematory... *St Anthony's Cem*
 Location... *St Anthony's in Emmitsburg*

18. Funeral director... *M. J. Treagan Han*
 Address... *Chillumont Md*

19. Date rec'd by registrar... *Jan 21 1946* Registrar... *M. J. Shuff*

MEDICAL CERTIFICATION

20. DATE OF DEATH... *Jan 19 1946* at *7 P* M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from *Jan 10 1945* to *Jan 19 1946*
 and that I last saw him alive on *Jan 19 1946*

Immediate cause of death... *Constrictive Heart failure* DURATION... *2 weeks*

Due to... *Hypertensive cardiac vascular disease* 3 years

Due to.....

Other conditions... *Acute bronchitis* 3 weeks

(Include pregnancy within 8 months of death)

Major findings of operations..... Date of op.....

Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE... *W.R. Cadde md* M. D. or other

Address... *Emmitsburg Md* Date signed... *1-20-46*

RECEIVED

JAN 24 1946

BUREAU V. R.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 112

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County BaltimoreCity or town Baltimore
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 10 days

Hospital, institution, or street address where death occurred:

Baltimore City HospitalHow long in hospital or institution? 10 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County BaltimoreCity or town Baltimore
(If outside city or town limits, write RURAL and give nearest town)Street No. 229 East Place

(If rural, give LOCATION)

2.(a) If veteran, name war World War I

3. (a) FULL NAME

Oscar P. Karm

3. (b) Social Security Number

4. Sex

male

5. Color or race

white

6.(a) Single, married, widowed, or divorced

married6.(b) Name of husband or wife Alice Campbell7. Birth date of deceased (mo., day, yr.) Jan. 8 1893

6.(c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

53013

hrs.

min.

9. Birthplace Maryland

(Town, county, and state)

10. Usual occupation Maryland Barber11. Industry or business Building materials12. Name Jennett P. Karm13. Birthplace Maryland14. Maiden name Ellen Kaitzel15. Birthplace Maryland16. Informant Mrs. Oscar P. KarmAddress Baltimore Md.17. Buried Date thereof 1/24/46

(Burial, cremation, or removal, which?)

(month) (day) (year)

Cemetery or crematory St. MarksLocation Paul Petersville Md.18. Funeral director C. H. Zuber & SonAddress Baltimore Md.19. 23 Jan 1946

(Date rec'd by registrar)

Elizabeth G. Hecker

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 21 1946, at 2:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 19 1946, to Jan 21 1946and that I last saw her alive on Jan 21 1946

Immediate cause of death

DURATION

Cerebral Hemorrhage 2 days

Due to

Due to

Other conditions Respirated fresh ulcer

(Include pregnancy within 3 months of death)

Major findings of operations See AutopsyDate of op. Jan 17-46

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE E. P. Thomas M. D. or otherAddress Federated Date signed Jan 21 46

RECEIVED

RECEIVED

RECEIVED

JAN 24 1946

BUREAU V. 2

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 61

CERTIFICATE OF DEATH

Reg. Dist. No. 134

1. PLACE OF DEATH:

County FrederickCity or town Emmitsburg - rural
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 50 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Emmitsburg - rural
(If outside city or town limits, write RURAL and give nearest town)Street No. 200 2 miles South
(If rural, give LOCATION)2(a) If veteran, name war None

3. (a) FULL NAME

Lucy M. Keepers

3. (b) Social Security Number

None4. Sex Female5. Color or race White6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) December 8, 1891

5. (c) If alive, give age years

8. AGE: Years 54 Months 1 Days 23 If less than one day

..... hrs. min.

9. Birthplace Emmitsburg, Fredk Co. Md.

(Town, county, and state)

10. Usual occupation Glass Worker11. Industry or business Home12. Name Alfred Keepers13. Birthplace Emmitsburg, Md14. Maiden name Mary E. Schold15. Birthplace Emmitsburg, Md16. Informant George KeepersAddress Emmitsburg, Md17. Burial Date thereof Feb 4, 1946

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St. AnthonyLocation St. Anthony, Md18. Funeral director M. E. Keenan & SonAddress Thurmont, Md19. Feb 2, 46 M. E. Keenan

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 31, 1946 at 2:45 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec 8 1945 to Jan 31 1946and that I last saw him alive on Jan 31 1946Immediate cause of death Pulmonary embolism DURATIONThrombotic phlebitis 5 daysDue to Chronic Nephritis 1 1/2 yearsDue to Diabetic Mellitus 8 yearsOther conditions Hypertension 8 yrs

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE Morris A. Burch MD

M. D. or other

Address Thurmont, Md Date signed 2/1/46

RECEIVED

FEB 7 1946

BUREAU T. E.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for change of age is shown on

FILM No. I 00 JAN 21 1946

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 734

CERTIFICATE OF DEATH

00571

Reg. Dist. No.

1. PLACE OF DEATH:

County... Frederick

City or town... Emmitsburg

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... MD County... Frederick

City or town... Emmitsburg

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war WW

3. (a) FULL NAME

Emma Rebecca Kelly

3. (b) Social Security Number

no

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife James F. Kelly

7. Birth date of deceased (mo., day, yr.) Aug 5 - 1883

6. (c) If alive, give age 68 years

8. AGE: Years 60 Months 4 Days 28 If less than one day

9. Birthplace Emmitsburg, Frederick Co, MD

(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Asst. Home

12. Name Michael Shurg

13. Birthplace Emmitsburg, MD

14. Maiden name Margaret O'Shea

15. Birthplace St. Anthony, Frederick Co, MD

16. Informant James F. Kelly

Address Emmitsburg, MD

17. (Burial, cremation, or reburial. Which?) Burial Date thereof Jan 7 - 1946

(month) (day) (year)

Cemetery or crematory St. Joseph's Cem

Location Emmitsburg, MD

18. Funeral director St. Joseph's

Address Emmitsburg, MD

19. Jan 6 19 46 M. F. Shurg

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 4 19 46 at 12:40 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 9 19 43 to Jan 4 19 46

and that I last saw him/her alive on Jan 14 19 46

Immediate cause of death coronary occlusion

DURATION

1/2 hour

Due to Hypertensive cardio

vascular disease - several years

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W.R. Lada M.D.

Address Emmitsburg, MD Date signed 1-4-46

CERTIFICATE OF DEATH

STATE OF MARYLAND

MUNICIPALITY OF

RECEIVED

JAN 9 1946

BUREAU V.E.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 94a

CERTIFICATE OF DEATH

00572

Reg. Dist. No. 132

1. PLACE OF DEATH:

County Frederick
City or town Middletown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 3 yrs.
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Md. County Frederick
City or town Middletown
(If outside city or town limits, write RURAL and give nearest town)
Street No. (If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

Martin Henry Kepler

3. (b) Social Security Number

216-22-1837

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married
6.(b) Name of husband or wife Catharine R. Kepler
7. Birth date of deceased (mo., day, yr.) December 21, 1893 8.(c) If alive, give age 59 years
8. AGE: Years 52 Months 1 Days 7 If less than one day hrs. min.

9. Birthplace Middletown, Frederick Co., Md.
(Town, county, and state)

10. Usual occupation DAY LABORER

11. Industry or business

FATHER 12. Name M. Luther Kepler
13. Birthplace Middletown, Md.
MOTHER 14. Maiden name Cecilia Moore
15. Birthplace Middletown, Md.

16. Informant Catharine R. Kepler
Address Middletown, Md.

17. Burial Date thereof 1-31-46
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Lutheran Cemetery
Location Middletown, Md.

18. Funeral director Gladhill Co.
Address Middletown, Md.

19. Jan 20 1946 Marie Gladhill
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 28 1946 at 2:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 17 to Jan 28 and that I last saw him alive on Jan 28 1946

Immediate cause of death Coronary thrombosis
DURATION 1 week

Due to
Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.

Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE P.W. Baer Deputy Med. Ex.
M. D. or other
Address Frederick, Md. Date signed 1-28-46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
FEB 2 1946
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 61

CERTIFICATE OF DEATH

Reg. Dist. No. 137

1. PLACE OF DEATH:

County Frederick
 City or town Rural in Ladiesburg
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 23 yrs.
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Frederick
 City or town Rural in Ladiesburg
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2.(a) If veteran, name war.

3. (a) FULL NAME

Emma J. Kline
 4. Sex F 5. Color or race W 6.(a) Single, married, widowed, or divorced married

3. (b) Social Security Number

6.(b) Name of husband or wife Rufus Nelson Kline
 6.(c) If alive, give age 73 years

7. Birth date of deceased (mo., day, yr.) April 26, 1876
 8. AGE: Years 69 Months 8 Days 9 If less than one day
 hrs. min.

9. Birthplace Frederick Co.
 (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

12. Name John W. Lewis
 13. Birthplace Frederick Co.

14. Maiden name Lizzie Virginia Harris
 15. Birthplace Frederick Co.

16. Informant Rufus J. Kline
 Address Ladiesburg

17. Burial Date thereof Jan 6, 1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Wm. Haugh's Cemetery
 Location W. Ladiesburg

18. Funeral director J. E. Barber
 Address Walkersville, Md.

19. Jan 5 1946 John Chapman
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 4 1946 at 7:30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1945 to Jan 4 1946
 and that I last saw him alive on Jan 3 1946

Immediate cause of death Diabetes & Complications
 Due to
 Due to
 Other conditions
 (Include pregnancy within 3 months of death)

Major findings of operations
 Date of op.

Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE J. H. Legg M. D. or other
 Address Wm. Barber Date signed 1-4-46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 8 1946
BUREAU V E

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

00574 131
Reg. Dist. No.

1. PLACE OF DEATH: County <u>Frederick</u> City or town <u>Frederick</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? <u>30 years</u> Hospital, institution, or street address where death occurred: <u>258 West Fifth Street</u> How long in hospital or institution?				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State <u>Maryland</u> County <u>Frederick</u> City or town <u>Frederick</u> (If outside city or town limits, write RURAL and give nearest town) Street No. <u>258 West Fifth Street</u> (If rural, give LOCATION) 2.(a) If veteran, name war <u>World War I</u>			
3. (a) FULL NAME <u>WILLIAM ARTHUR KLIPP</u>				3. (b) Social Security Number <u>None</u>			
4. Sex <u>M</u>				5. Color or race <u>W</u>			
6. (a) Single, married, widowed, or divorced <u>W</u>				MEDICAL CERTIFICATION			
6. (b) Name of husband or wife <u>Grace DeGrange</u>				20. DATE OF DEATH <u>January 30,</u> 19 <u>46</u> , at <u>2:30A</u> <u>M</u>			
7. Birth date of deceased (mo., day, yr.) <u>July 12, 1877</u>				21. I CERTIFY that death occurred on the date above stated; that I attended deceased from <u>Jan 20</u> <u>1946</u> <u>to</u> <u>Jan 30, 1946</u>			
8. AGE: Years <u>68</u> Months <u>6</u> Days <u>18</u> If less than one day _____ hrs. _____ min.				and that I last saw him alive on <u>Jan 29, 1946</u>			
9. Birthplace <u>High Knob-Frederick-Maryland</u> (Town, county, and state)				Immediate cause of death <u>Chronic Myocarditis</u>			
10. Usual occupation <u>Retired</u>				DURATION			
11. Industry or business				Due to			
12. Name <u>Henry Klipp</u>				Due to			
13. Birthplace <u>Frederick County Maryland</u>				Other conditions			
14. Maiden name <u>Sarah Miss</u>				(Include pregnancy within 3 months of death)			
15. Birthplace <u>Frederick County Maryland</u>				Major findings of operations			
16. Informant <u>Mrs. Minnie M. McHenry</u>				Autopsy results			
Address <u>258 W. 5th St., Frederick, Md.</u>				PHYSICIAN: Please underline the cause to which death should be charged statistically.			
17. Burial <u>Mount Olivet Cemetery</u> <u>2/1/46</u> (Burial, cremation, or removal. Which?) (month) (day) (year) Cemetery or crematory <u>Frederick, Maryland</u> Location <u>M. R. Etchison and Son</u> Funeral director <u>Frederick, Maryland</u>				22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide _____ Date of _____ Where did injury occur? _____ (City or town) _____ (County) _____ (State) Injured at home, farm, industry, public place (where?) _____ Means of injury _____ Injured at work? _____			
18. Funeral director <u>Frederick, Maryland</u>				23. SIGNATURE <u>N. D.</u>			
19. 31-Jan-1946 <u>Elizabeth B. Heck</u> (Date rec'd by registrar) Registrar				Address <u>Frederick, Maryland</u> Date signed <u>1/31/46</u>			

RECEIVED
FEB 6 1946
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 33-20

CERTIFICATE OF DEATH

00575

Reg. Dist. No. 137

1. PLACE OF DEATH:
County... Frederick
City or town... Libertytown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? About 30 yrs
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State... Md. County... Frederick
City or town... Libertytown
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME
Howard Maynard Lease

3. (b) Social Security Number

4. Sex Male 5. Color of race White 6. (a) Single, married, widowed, or divorced Widowed

6. (b) Name of husband or wife... Pauline M Lease

7. Birth date of deceased (mo., day, yr.) June - 4 - 1862 8. (c) If alive, give age... years

8. AGE: Years 83 Months 7 Days 1 It less than one day hrs. min.

9. Birthplace... Frederick County
(Town, county and state)

10. Usual occupation... Retired Farmer

11. Industry or business

12. Name... Gideon T Lease

13. Birthplace... Frederick Co

14. Maiden name... Elizabeth Sponseller

15. Birthplace... Md

16. Informant... Mrs Helen Jorg

Address... Libertytown

17. Burial (Burial, cremation, or removal. Which?) Date thereof... Jan 8 - 46
(month) (day) (year)

Cemetery or crematory... Lippanor

Location... Unionville

18. Funeral director... Powell & Hartzel

Address... Woodboro Md

19. Jan 7 19 46 W D Curfman
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH... Jan - 5 - 46 at 10 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 28 19 45 to Jan 5 19 46

and that I last saw him alive on Jan 5 46 19

Immediate cause of death... Broncho-pneumonia DURATION 7 days

Due to... Influenza 6 days

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations... Date of op.

Autopsy results... PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE... Att B Stone M.D. M. D. or other

Address... Libertytown, Md Date signed Jan 6

MARGIN RESERVED FOR BINDING

VS 415

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

UNITED STATES DEPARTMENT OF JUSTICE

OFFICE OF THE ATTORNEY GENERAL

RECEIVED

JAN 10 1945

BUREAU V. A.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 31-0

00576

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County... Frederick
 City or town... Harrisonville
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 3 yrs.
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State... Ind. County... Frederick
 City or town... Harrisonville
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2. (a) If veteran, name war... none

3. (a) FULL NAME

Reuben Sheetenhelm Lease

3. (b) Social Security Number

213-12-7165A

4. Sex... M 5. Color or race... W 6. (a) Single, married, widowed, or divorced... married
 6. (b) Name of husband or wife... Emma Elison Lease
 6. (c) If alive, give age... 72 years
 7. Birth date of deceased (mo., day, yr.)... 2-17-1874
 8. AGE: Years... 71 Months... 10 Days... 26 It less than one day... hrs. min.

9. Birthplace... Frederick Co. Ind.
 (Town, county, and state)
 10. Usual occupation... Retired Farmer
 11. Industry or business

12. Name... Robt. E. Lease
 13. Birthplace... Frederick Co. Ind.
 14. Maiden name... Mary Sheetenhelm
 15. Birthplace... Frederick Co. Ind.

16. Informant... Mrs. Reuben S. Lease
 Address... Harrisonville - Ind.

17. Burial... Date thereof... 1-15-1946
 (Burial, cremation, or other) (month) (day) (year)
 Cemetery or place of interment... Central Cemetery
 Location... near New London - Ind.

18. Funeral director... C E Clive & Son
 Address... Frederick, Ind.

19. 15-Jan-46 1946 Elizabeth G. Heck
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH... Jan 12 1946 at 10:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 27 1945 to Jan 12 1946

and that I last saw him alive on Jan 11 1946

Immediate cause of death... Hypertension, Cardiovascular

Hypertension, Cardiovascular

Hypertension, Cardiovascular

Hypertension, Cardiovascular

Due to...

Due to...

Due to...

Due to...

Other conditions...

(Include pregnancy within 3 months of death)

Major findings of operations...

Date of op...

Autopsy results...

PHYSICIAN: Please indicate the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of...

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE... Samuel E. Fosterday

M. D. or other

Address... Harrisonville, Ind.

Date signed... Jan 15, 46

RECEIVED BY THE UNITED STATES DEPARTMENT OF JUSTICE

RECEIVED BY THE UNITED STATES DEPARTMENT OF JUSTICE

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

RECEIVED
JAN 16 1946
BUREAU V.B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

00577

Reg. Dist. No. 141

1. PLACE OF DEATH:

County... Frederick
 City or town... Brunswick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 72 yrs 6 da.
 Hospital, institution, or street address where death occurred:
Schuyler Hospital
 How long in hospital or institution? 2 mo 17 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants, give residence of mother)
 State... Md. County... Frederick
 City or town... Brunswick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Samuel J. Paton & Maple Ave.
 (If rural, give LOCATION)
 2.(a) If veteran, name war...

3. (a) FULL NAME

Alberta L. Meadows

3. (b) Social Security Number

—

4. Sex Female 5. Color or race white 6.(a) Single, married, widowed, or divorced widow
 6.(b) Name of husband or wife John Eugene Meadows
 7. Birth date of deceased (mo., day, yr.) Jan. 23 1874 6.(c) If alive, give age... years
 8. AGE: Years 72 Months 0 Days 6 If less than one day
 hrs. min.

9. Birthplace... Brunswick Md.
(Town, county, and state)10. Usual occupation... Housewife

11. Industry or business

FATHER 12. Name Unknown
 13. Birthplace
 MOTHER 14. Maiden name Catherine Rose
 15. Birthplace Md.

16. Informant Mr. Stanley Meadows
Address Frederick City Maryland17. (Burial, cremation, or removal, Which?) Burial Date thereof Feb 1 1946
(month) (day) (year)Cemetery or crematory... Mt. Olivet
Location Frederick City Md.18. Funeral director... C. H. Fetter & Bros
Address Brunswick Md.19. Jan. 31 19 46 Eugenia H. Burke
Date rec'd by registrar Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH... January 29 1946 at 11:45 M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Nov 1 1945 to Jan 29 1946
and that I last saw him alive on Jan 29 1946Immediate cause of death Cerebral Hemorrhage DURATION 6 hrs.Due to Hypertension P

Due to

Other conditions Diabetes mellitus P

(Include pregnancy within 3 months of death)

Major findings of operations... Date of op...

Autopsy results... PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide... Date of...

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE William Schuyler M.D. or otherAddress Brunswick Md. Date signed Jan 30 46

RECEIVED

FEB 2 1946

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 17803

CERTIFICATE OF DEATH

Reg. Dist. No.

0057131

1. PLACE OF DEATH:

County FrederickCity or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 Years

Hospital, institution, or street address where death occurred:

463 West South Street

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No. 463 West South Street

(If rural, give LOCATION)

2(a) If veteran, name war None

3. (a) FULL NAME

CLARENCE WILMER MENTZER

3. (b) Social Security Number

None

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

S

6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) December 24, 1943

8. AGE: Years Months Days If less than one day

2026

..... hrs. min.

9. Birthplace Frederick-Frederick-Maryland

(Town, county, and state)

10. Usual occupation Infant

11. Industry or business

12. Name Melvin E. Mentzer13. Birthplace Frederick County Maryland14. Maiden name Mildred Best15. Birthplace Frederick County Maryland16. Informant Mrs. Mildred B. MentzerAddress 463 W. South St., Frederick, Md.17. Burial Date thereof 1/22/46

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Mount Olivet CemeteryLocation Frederick, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 21-Jan Elizabeth G. Heck(Date rec'd by registrar) 19 46 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 20, 1946 at 1:45A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

..... 19..... 10..... 19.....

and that I last saw him DEAD January 20, 1946

Immediate cause of death

Carbon monoxide poisoning

DURATION

1/2 hour

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of Jan 20, 1946Where did injury occur? Frederick Frederick MD

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) HomeMeans of injury Overcome by smoke from fire Injured at work?23. SIGNATURE Bernard P. Kanas Jr. Deputy Medical ExaminerAddress Frederick, Maryland Date signed 1-21-46

CERTIFICATE OF DEATH

RECEIVED

JAN 22 1946

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diet. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Life

Hospital, institution, or street address where death occurred:

451 West Patrick Street

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)Street No. 451 West Patrick Street

(If rural, give LOCATION)

2.(a) If veteran, name war None

3. (a) FULL NAME

VIOLA MAY MOBERLY

3. (b) Social Security Number

None

4. Sex <u>F</u>	5. Color or race <u>W</u>	6. (a) Single, married, widowed, or divorced <u>W</u>
--------------------	------------------------------	--

6. (b) Name of husband or wife George H. B. Moberly7. Birth date of deceased (mo., day, yr.) June 11, 1883

6. (c) If alive, give age..... years

8. AGE:	Years	Months	Days	If less than one day
	<u>62</u>	<u>7</u>	<u>17</u>hrs.min.

9. Birthplace Frederick-Frederick-Maryland
(Town, county, and state)10. Usual occupation At Home

11. Industry or business

12. Name George A. Roelke13. Birthplace Frederick County Maryland14. Maiden name Mary Jane (last name unknown)15. Birthplace Frederick County Maryland16. Informant Mrs. Lorenza E. KlineAddress 451 W. Patrick St., Frederick, Md.17. Burial Date thereof 1/31/46
(Burial, cremation, or removal. Which) (month) (day) (year)Cemetery or crematory Mount Olivet CemeteryLocation Frederick, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 29-Jan 1946 Elizabeth G. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 28th, 1946 at 4:30 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 1 1946 to Jan. 28 1946and that I last saw her alive on January 28th 1946Immediate cause of death Cerebral Hemorrhage DURATION ImmediateDue to Arterio sclerosis years

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?.....

23. SIGNATURE Wm. M. Smith, M.D. M. D. or otherAddress Frederick, Maryland Date signed 1-29-46

RECEIVED
FEB 1 1946
BUREAU V.B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-2

CERTIFICATE OF DEATH

0058947
Reg. Dist. No.

1. PLACE OF DEATH: Frederick
County.....
City or town..... Mt. Airy
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 26 years
Hospital, institution, or street address where death occurred:
How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State..... Maryland County..... Frederick
City or town..... Mt. Airy
(If outside city or town limits, write RURAL and give nearest town)
Street No.....
(If rural, give LOCATION)
2.(a) If veteran, name war.....

3. (a) FULL NAME FRANCIS E. MULLINIX

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married
6.(b) Name of husband or wife Gertrude E. Mullinix
7. Birth date of deceased (mo., day, yr.) Jan. 16, 1865 6.(c) If alive, give age 79 years
8. AGE: Years 81 Months 0 Days 7 If less than one day
.....hrs.min.

9. Birthplace Howard Co. Maryland
(Town, county, and state)
10. Usual occupation Farmer (retired)
11. Industry or business Charles T. Mullinix
12. Name Maryland
13. Birthplace Polly Penn
14. Maiden name Maryland
15. Birthplace

16. Informant Mrs. Gertrude E. Mullinix
Address Mt. Airy, Md.

17. Burial Date thereof 1-26-46
(Burial, cremation, or other disposal) (month) (day) (year)
Cemetery or crematory Howard Chapel
Location Long Corner, Howard Co. Md.

18. Funeral director C. M. Waltz
Address Winfield, Md.

19. Jan. 25 19 46
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 23 19 46 at 12:15 P
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 11 19 45 to Jan 23 19 46
and that I last saw him alive on January 22 19 46

Immediate cause of death Angina Pectoris
Due to Coronary Arterio Sclerosis
Due to General Arterio Sclerosis
Other conditions Chr. Myocarditis
(Include pregnancy within 3 months of death)
Major findings of operations none
Date of op.
Autopsy results none
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external cause, fill in the following:
Accident, suicide, or homicide. Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Stanley Grabill
Address Mt. Airy, Md. Date signed 1/24/46
M. D. or other

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

UNITED STATES DEPARTMENT OF JUSTICE

OFFICE OF THE ATTORNEY GENERAL

UNITED STATES DEPARTMENT OF JUSTICE

RECEIVED

FEB 2 1946

BUREAU OF PRISONS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 182

CERTIFICATE OF DEATH

Reg. Dist. No. 154

1. PLACE OF DEATH:

County FrederickCity or town Emmitsburg, Md.
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 7 months 2 days

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Emmitsburg, Md.
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Thomas Lee Myers

3. (b) Social Security Number

None

4. Sex

Male

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Single

6.(b) Name of husband or wife _____

6.(c) If alive, give age _____ years

7. Birth date of

deceased (mo., day, yr.) May 27, 1945

8. AGE:

Years

Months

Days

If less than one day

72

hrs.

min.

9. Birthplace Gettysburg, Adams County, Pa.
(Town, county, and state)

10. Usual occupation _____

11. Industry or business _____

12. Name William C. Myers13. Birthplace Emmitsburg, Md.14. Maiden name Ruth Damuth15. Birthplace Thurmont, Md.16. Informant Lester C. DamuthAddress Emmitsburg Md.17. Burial Date thereof Jan. 28, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Mt. ViewLocation Emmitsburg, Md.18. Funeral director S. L. AllisonAddress Emmitsburg, Md.19. Jan 27 1946 M. F. Shuff
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 26 1946, at 7:40 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan - 24 - 1946 to Jan - 26 - 1946
and that I last saw him alive on Jan - 25 - 1946

Immediate cause of death

Accidental Suffocation

DURATION

Due to

chief pulling covers over face and throat

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations

No operation

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____

Injured at work? _____

23. SIGNATURE

George H. Pizzo MD
M. D. or otherAddress Emmitsburg, Md Date signed 1-26-46

CERTIFICATE OF DEATH

RECEIVED
FEB 2 1946
BUREAU VS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-1

CERTIFICATE OF DEATH

00582

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

4. Sex

Male

5. Color or race

Colored

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

6. (c) If alive, give age years
 7. Birth date of deceased (mo., day, yr.) October 20, 1894

8. AGE:

Years 57 Months 3 Days 11 If less than one day hrs. min.

9. Birthplace

Frederick County, Maryland
(Town, county, and state)

10. Usual occupation

Labour

11. Industry or business

12. Name

Leona Naylor

13. Birthplace

Frederick County, Maryland

14. Maiden name

Charlotte Weckert

15. Birthplace

Frederick Co., Maryland

16. Informant

Surgeon, Fred.

Address

Emergency Hosp. Frederick, Md.

17. Burial

2/2/46
(Burial, cremation, or removal, whichever) (month) (day) (year)

Cemetery or crematory

Della Cemetery

Location

Greenfield-Buckeystown, Md. R.F.D.

18. Funeral director

M. R. Etchison and Son

Address

Frederick, Maryland19. 1-Feb1946
(Date rec'd by registrar)Elizabeth H. Hersh

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Frederick

City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)

Street No. 514 N. Bout
 (If rural, give LOCATION)

2. (a) If veteran, name war World War I

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH January 31, 1946 at 9:30 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 3, 1946 to Jan. 31, 1946and that I last saw him alive on January 31, 1946

Immediate cause of death

Congestive heart failure; Ana-
sarca; AscitesDue to Arterio-sclerotic Cardio-vascular
disease

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE B.O. Jones Jr. M.D.Address Frederick, Maryland Date signed 1-31-46

RECEIVED

FEB 2 1946

BUREAU V-8

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for addition of
age & date of birth of deceased
is shown on
FILM NO. 100 FEB 1 1946

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00583

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:

County..... Frederick
City or town..... State Sanatorium, Maryland
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?..... Since 1/10/46
Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
How long in hospital or institution?..... Since 1/10/46

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State..... Maryland County..... Baltimore
City or town..... Fullerton
(If outside city or town limits, write RURAL and give nearest town)
Street No..... 4214 Cardwell Ave.
(If rural, give LOCATION)
2.(a) If veteran, name war..... ✓

3. (a) FULL NAME

Ella R. Nunnolley

3. (b) Social Security Number

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband ~~XXXX~~ James T. Nunnolley, Sr.

7. Birth date of

deceased (mo., day, yr.)

? Jan. 29, 1900

6. (c) If alive, give age..... years

8. AGE:

Years

Months

Days

If less than one day

about 45

?

?

?

.....hrs.

.....min.

9. Birthplace

Texas, Md.

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

FATHER
MOTHER

12. Name

?

13. Birthplace

?

14. Maiden name

?

15. Birthplace

?

16. Informant James T. Nunnolley, Jr. (son)

Address State Sanatorium, Maryland

17. Burial
(Burial, cremation, or removal. Which?)Date thereof Jan. 18, 1946
(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19.

(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... January 16..... 1946..... at 9:45A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

January 10..... 46..... to Jan. 16..... 46.....

and that I last saw her..... alive on January 16..... 1946.....

Immediate cause of death

Pulmonary Tuberculosis

DURATION

10 Mos.

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, till in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?.....
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury.....

Injured at work?

23. SIGNATURE.....

M. D. J. J. J.

Address..... State Sanatorium, Md. Date signed..... 1/16/46.....

RECEIVED
JAN 24 1946
BUREAU V.R.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH: County..... <u>Frederick</u> City or town..... <u>State Sanatorium, Maryland</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?..... <u>Since 9/13/45</u> Hospital, institution, or street address where death occurred: <u>Maryland Tuberculosis Sanatorium</u> How long in hospital or institution?..... <u>Since 9/13/45</u>				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State..... <u>Maryland</u> County..... City or town..... <u>Baltimore</u> (If outside city or town limits, write RURAL and give nearest town) Street No..... <u>1623 Belt St.</u> (If rural, give LOCATION) 2.(a) If veteran, name war.....			
3.(a) FULL NAME <u>Martin H. Nunninger</u>				3.(b) Social Security Number <u>215-05-5106</u>			
4. Sex <u>Male</u>		5. Color or race <u>White</u>		6.(a) Single, married, widowed, or divorced <u>Single</u>			
6.(b) Name of husband or wife							
7. Birth date of deceased (mo., day, yr.) <u>7/21/1920</u>							
8. AGE: Years <u>25</u>		Months <u>5</u>		Days <u>22</u>		It less than one day hrs. min.	
9. Birthplace <u>Jersey City, N.J.</u> (Town, county, and state)							
10. Usual occupation <u>Marine Engineer</u>							
11. Industry or business							
FATHER	12. Name <u>Martin Nunninger</u>						
	13. Birthplace <u>France</u>						
MOTHER	14. Maiden name <u>Anna Remke</u>						
	15. Birthplace <u>Jersey City, N.J.</u>						
16. Informant <u>Deceased</u> Address.....							
17. (Burial, cremation, or removal. Which?)..... <u>Burial</u> Date thereof..... <u>September 15, 1946</u> (month) (day) (year) Cemetery or crematory..... <u>Woodlawn Cerm.</u> Location..... <u>Baltimore, Md.</u>							
18. Funeral director <u>M. L. Creager & Son</u> Address..... <u>Thurmont, Maryland</u>							
19. <u>4/12/46</u> 19..... (Date rec'd by registrar) Registrar.....							
MEDICAL CERTIFICATION 20. DATE OF DEATH <u>January 12</u> 19..... <u>46</u> at <u>7:45 A.</u> M							
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from <u>September 13</u> 19..... <u>45</u> to..... <u>Jan. 12</u> 19..... <u>46</u> and that I last saw h..... <u>im</u> alive on..... <u>January 12</u> 19..... <u>46</u>							
Immediate cause of death <u>Pulmonary Tuberculosis</u> DURATION <u>7 Mos.</u>							
XXXX <u>Tuberculous Meningitis</u> DURATION <u>2 Wks.</u>							
Due to.....							
Other conditions.....							
(Include pregnancy within 3 months of death)							
Major findings of operations							
Date of op.....							
Autopsy results							
PHYSICIAN: Please underline the cause to which death should be charged statistically.							
22. VIOLENCE: If death was due to external causes, till in the following: Accident, suicide, or homicide..... Date of..... Where did injury occur?..... (City or town)..... (County)..... (State)..... Injured at home, farm, industry, public place (where?)..... Means of injury..... Injured at work?.....							
23. SIGNATURE <u>J. B. Lyon</u> M. D. <u>State Sanatorium, Md.</u> Address..... <u>State Sanatorium, Md.</u> Date signed..... <u>1/12/46</u>							

RECEIVED
JAN 15 1946
BUREAU V S

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore *36*

CERTIFICATE OF DEATH

00585

Reg. Dist. No. *139*

1. PLACE OF DEATH:

County *Frederick*
 City or town *State Sanatorium Md.*
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? *Since 7/14/45*
 Hospital, institution, or street address where death occurred
Maryland Tuberculosis Sanatorium
 How long in hospital or institution? *Since 7/14/45*

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State *Maryland* County *Baltimore*
 City or town *Fort Howard*
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. *Box 45*
 (If rural, give LOCATION) ✓
 2.(a) If veteran, name war

3. (a) FULL NAME

Eva R. Pyles

3. (b) Social Security Number

none

4. Sex *Female* 5. Color or race *white* 6.(a) Single, married, widowed, or divorced *married*
 6.(b) Name of husband *Tracy Pyles*
 7. Birth date of deceased (mo., day, yr.) *Oct. 17, 1912* 6.(c) If alive, give age *35* years
 8. AGE: Years *33* Months *3* Days *10* If less than one day
hrs.min.

9. Birthplace *Kingwood, W. Va.*
 (Town, county, and state)
 10. Usual occupation *Housewife*
 11. Industry or business
 12. Name *Hugh Field*
 13. Birthplace *Kingwood, W. Va.*
 14. Maiden name *Gold Feather*
 15. Birthplace *Kingwood, W. Va.*

16. Informant *Deceased*
 Address
 17. *Burial* Date thereof *Jan 30, 1946*
 (Burial, cremation, or removal) (month) (day) (year)
 Cemetery or crematory *Wesleyan*
 Location *Kingwood, W. Va.*
 18. Funeral director *M. L. Creager & Son*
 Address *Thurmont, Maryland*
 19. *1/28* 19 *46*
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH *January 27* 19 *46*, at *10:25 P.*
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
July 14 19 *45* to *Jan. 27* 19 *46*
 and that I last saw her alive on *January 27* 19 *46*
 Immediate cause of death
Pulmonary Tuberculosis DURATION *9 1/2 yrs.*
Pulmonary Hemorrhage *Few*
 Due to *minute*
 Other conditions
 (Include pregnancy within 3 months of death)
 Major findings of operations
 Date of op.
 Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
 Accident, suicide, or homicide Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?
 23. SIGNATURE *J. B. Lynn* M. D. or *cert*
 Address *State Sanatorium, Md.* Date signed *1/28/46*

RECEIVED

JAN 29 1946

BUREAU V.B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 134

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH: County... <u>Frederick</u> City or town... <u>State Sanatorium, Maryland</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? <u>Since 1/12/46</u> Hospital, institution, or street address where death occurred: <u>Maryland Tuberculosis Sanatorium</u> How long in hospital or institution? <u>Since 1/12/46</u>				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State... <u>Maryland</u> County... <u>St. Mary's</u> City or town... <u>Calloway</u> (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2. (a) If veteran, name war.....			
3. (a) FULL NAME <u>Mary Leona Raley</u>				3. (b) Social Security Number <u>None</u>			
4. Sex <u>Female</u>		5. Color or race <u>White</u>		6. (a) Single, married, widowed, or divorced <u>Married</u>		MEDICAL CERTIFICATION	
8. (b) Name of husband <u>xxx Joseph M. Raley</u>		8. (c) If alive, give age <u>35</u> years		20. DATE OF DEATH <u>January 17</u> 19 <u>46</u> at <u>12:45 A</u> M		21. I CERTIFY that death occurred on the date above stated; that I attended deceased from <u>January 12</u> 19 <u>46</u> , to <u>Jan. 17</u> 19 <u>46</u> . and that I last saw h..... alive on 19.....	
7. Birth date of deceased (mo., day, yr.) <u>8/23/1925</u>		8. AGE: Years <u>20</u> Months <u>4</u> Days <u>25</u> If less than one day hrs. min.		Immediate cause of death <u>Pulmonary Tuberculosis</u>		DURATION <u>9 Mos.</u>	
9. Birthplace <u>Cedar Point, Md.</u> (Town, county, and state)				Due to			
10. Usual occupation <u>Housewife</u>				Due to			
11. Industry or business				Other conditions (Include pregnancy within 3 months of death)			
FATHER		12. Name <u>Allen Norris</u>		Major findings of operations Date of op.			
13. Birthplace <u>St. Mary's Co., Md.</u>		MOTHER		Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.			
14. Maiden name <u>Agnes Pilkerton</u>		15. Birthplace <u>Cedar Point, Md.</u>		22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide..... Date of Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury Injured at work?			
16. Informant <u>Joseph M. Raley (Husband)</u> Address <u>Calloway, Md.</u>		17. Burial <u>Jan. 19, 1946</u> (Burial, cremation, or removal. Which?) (month) (day) (year) Cemetery or crematory <u>Holy Sepulchre</u> Location <u>Great Western Trn.</u> 18. Funeral director <u>Holy Sepulchre W.A. Mattingly Son</u> Address <u>Great Western Trn. Co. Baltimore, Md.</u>		23. SIGNATURE <u>J. B. Lynn</u> M. D. <u>xxxx</u> Address <u>State Sanatorium, Md.</u> Date signed <u>1/17/46</u>			
19. 1/17/46 (Date sec'd by registrar)		Registrar					

RECEIVED
JAN 21 1946
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (930)

CERTIFICATE OF DEATH

00587

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick-Rural
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Emergency Hospital

How long in hospital or institution?

3 Weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick-Rural R.F.D. #5
(If outside city or town limits, write RURAL and give nearest town)Street No. Braddock
(If rural, give LOCATION)2.(a) If veteran, name war None

3. (a) FULL NAME

WILLIAM RICHARDSON

3. (b) Social Security Number

None4. Sex M 5. Color or race Colored 6.(a) Single, married, widowed, or divorced Single6.(b) Name of husband or wife —

7. Birth date of

deceased (mo., day, yr.)

October 8 - 18616.(c) If alive, give age — years8. AGE: Years 84 Months 3 Days 8 If less than one day
.....hrs.min.9. Birthplace Frederick, Md.
(Town, county, and state)10. Usual occupation Miller11. Industry or business Flour mill12. Name William H Richardson13. Birthplace Frederick, Md.14. Maiden name Louisa Beaster15. Birthplace Frederick, Md.16. Informant J. C. RichardsonAddress Frederick, Md.17. (Burial, cremation, or removal) Which? BurialDate thereof 1-14-46
(month) (day) (year)Cemetery or crematory Frederick CemeteryLocation Frederick, Md.18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 14 Jan 1946
(Date rec'd by registrar)Elizabeth G. Heck

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 9th, 1946 at 7:50 PM21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 1 1946 to Jan. 9, 1946 and that I last saw him alive on Jan. 9, 1946

Immediate cause of death

Broncho-pneumoniaDue to —Due to —Other conditions Arterio-sclerotic Heart Disease

(Include pregnancy within 3 months of death)

Major findings of operations —Autopsy results —

PHYSICIAN: Please underline the cause to which death should be charged statistically

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —Where did injury occur? — (City or town) (County) (State)Injured at home, farm, industry, public place (where?) —Means of injury — Injured at work? —23. SIGNATURE B. O. Thomas Jr. M. D.Address Frederick, Maryland Date signed 1-10-46

Jan. 10 '46

MARGIN RESERVED FOR BINDING

VS 415

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JAN 15 1946

BUREAU V

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1700

CERTIFICATE OF DEATH

Reg. Dist. No. 134

1. PLACE OF DEATH:

County Frederick
 City or town Taneytown Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 40 yrs
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infant, give residence of mother)
 State Maryland County Frederick
 City or town Taneytown Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

George Raymond Sauble

3. (b) Social Security Number

none

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

married

8. (b) Name of husband or wife

Ruth Koons Sauble

7. Birth date of deceased (mo., day, yr.)

Dec 3, 1905

5. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

4010

hrs.

min.

9. Birthplace

MD
(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

Coal Dealer

FATHER

12. Name

George R. Sauble

MOTHER

13. Birthplace

MD

14. Maiden name

Irene E. Reifsnider

15. Birthplace

MD

16. Informant

Ruth Koons Sauble

Address

Taneytown, MD

17. Burial

Burial

(Burial, cremation, or removal, Which?)

Date thereof Jan 5, 1946

Cemetery or crematory

Lutheran

Location

Taneytown, MD

18. Funeral director

C. A. Guss & Son

Address

Taneytown, MD

19. Date rec'd by registrar

Jan 5, 1946

Registrar

Atlee M. McHenryFrederick, Md

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 3 1946, at 4 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him live on Jan 3 1946Immediate cause of death Creeping emphysema ofchest

DURATION

minutes

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of 1. 3. 46Where did injury occur? near Taneytown, Frederick, Md

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Route 32Means of injury auto accident Injured at work? noSignature P. W. Baer Deputy used ex

23. SIGNATURE

Address Frederick, Md Date signed 1. 3. 46

RECEIVED
JAN 9 1946
BUREAU V 8

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 61

00589

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick City Hospital

How long in hospital or institution?

16 Hours

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)Street No. #2 East Third Street
 (If rural, give LOCATION)None

2(a) If veteran, name war

3. (a) FULL NAME

RUTH SWEAT SCHMID

3. (b) Social Security Number

None

4. Sex <u>F</u>	5. Color or race <u>W</u>	6. (a) Single, married, widowed, or divorced <u>M</u>
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6. (b) Name of husband or wife Dr. E. L. Schmid6. (c) If alive, give age 66 years7. Birth date of deceased (mo., day, yr.) November 18, 1883

8. AGE:	Years	Months	Days	If less than one day
	<u>62</u>	<u>1</u>	<u>22</u>hrs.min.

9. Birthplace Latrobe, Mo.
 (Town, county, and state)10. Usual occupation At Home

11. Industry or business

12. Name Oliver B. Sweat13. Birthplace Latrobe, Mo.14. Maiden name Elizabeth May Read15. Birthplace Latrobe, Mo.18. Informant Dr. E. L. SchmidAddress #2 E. Third St., Frederick, Md.17. Burial Date thereof 1/12/46
 (Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory St. Johns CemeteryFrederick, MarylandLocation M. R. Etchison and Son18. Funeral director Frederick, Maryland19. 10-Jan 1946 Elizabeth G. Heck
 (Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 10, 1946 at 2:45 AM21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 9, 1946 to Jan 9, 1946and that I last saw him alive on Jan 9, 1946Immediate cause of death acute cardiacdilatationdissecting aortaDue to aneurysm

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE P. W. Barr M. D.Address Frederick, Maryland Date signed 1-10-46

DURATION
<u>1 hour</u>
<u>3 days</u>
<u>3 days</u>

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JAN 14 1946
BUREAU V B

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (159)

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 4 days
Hospital, institution, or street address where death occurred:
Frederick City Hospital
How long in hospital or institution? 4 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)
Street No. 18 1/2 Whisner Street
(If rural, give LOCATION)
2.(a) If veteran, name war None

3. (a) FULL NAME

DELMAS MONROE SCHROYER, Jr.

3. (b) Social Security Number

None

4. Sex <u>Male</u>	5. Color or race <u>White</u>	6. (a) Single, married, widowed, or divorced <u>Single</u>
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6. (b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.) December 29th, 1945

8. AGE: Years Months Days If less than one day
4hrs.min.

9. Birthplace Frederick County Maryland
(Town, county, and state)

10. Usual occupation Infant

11. Industry or business.....

12. Name Delmas Monroe Schroyer

13. Birthplace Frederick, Md.

14. Maiden name Gloria Swanson

15. Birthplace Pennsylvania

16. Informant Delmas M. Schroyer

Address 18 1/2 Whisner St. - Frederick, Md.

17. Burial Date thereof Jan. 3-1946
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Mount Olivet Cemetery

Location Frederick, Md.

18. Funeral director C.E. Cline and Son

Address Frederick, Md.

19. 8 Jan 1946 Elizabeth G. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 2nd, 1946, at 6:10 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 29, 1945 to Jan. 3, 1946
and that I last saw him alive on Jan. 3, 1946

Immediate cause of death Premature birth
6 1/2 months

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE..... M. D. or other

Address Frederick, Md. Date signed 13/46

MARGIN RESERVED FOR BINDING

VS 4151

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

UNITED STATES DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

RECEIVED
JAN 7 1946
BUREAU V A.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 2320

CERTIFICATE OF DEATH

00591

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick - Rural
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Emergency HospitalHow long in hospital or institution? 1 Year

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Monrovia
 (If outside city or town limits, write RURAL and give nearest town)Street No. _____
 (If rural, give LOCATION)2. (a) If veteran, name war None

3. (a) FULL NAME

AMY ELIZABETH SEWELL

3. (b) Social Security Number

None

4. Sex

F

5. Color or race

C

6. (a) Single, married, widowed, or divorced

W6. (b) Name of husband or wife Dennis Sewell

6. (c) If alive, give age _____ years

7. Birth date of

deceased (mo., day, yr.)

May - 1866

8. AGE:

Years 79Months 10Days ?

If less than one day

_____ hrs. _____ min.

9. Birthplace

Frederick County Maryland

(Town, county, and state)

10. Usual occupation

None

11. Industry or business

FATHER

12. Name

Dennis Crampton

13. Birthplace

Frederick County Maryland

MOTHER

14. Maiden name

Violet Snowden

15. Birthplace

Frederick County Maryland

16. Informant

Address

Glenn S. SewellIjamsville, Maryland

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof Jan - 27-1946
 (month) (day) (year)

Cemetery or crematory

Simpsons Chapel Cemetery

Location

New Market, Maryland

18. Funeral director

Address

M. R. Etchison and SonFrederick, Maryland19. 26-Jan

(Date rec'd by registrar)

1946Elizabeth Y. Heck

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 24th, 1946 at 10:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan. 1, 1946 to Jan. 24, 1946and that I last saw him alive on Jan. 24, 1946

Immediate cause of death

Cerebral hemorrhage

DURATION

3 weeks

Due to

Arterio-sclerosis10 years

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Bernard O. Hanna, Jr. M. D.Address Frederick, MarylandDate signed 1-26-46

CERTIFICATE OF DEATH

1. DECEASED'S NAME (Last, first, middle initial)

2. DECEASED'S SEX (Male or Female)

3. DECEASED'S AGE (Years, months, days)

4. DECEASED'S DATE OF BIRTH (Month, day, year)

5. DECEASED'S PLACE OF BIRTH (City, State, Country)

6. DECEASED'S OCCUPATION (If any)

7. DECEASED'S MARITAL STATUS (Single, Married, Widowed, Divorced)

8. DECEASED'S RACE (White, Negro, Other)

9. DECEASED'S RELIGION (If any)

10. DECEASED'S EDUCATION (If any)

11. DECEASED'S SOCIAL SECURITY NUMBER (If any)

12. DECEASED'S MANNER OF DEATH (Natural, Accidental, Suicide, Homicide, Undetermined)

13. DECEASED'S CAUSE OF DEATH (If known)

14. DECEASED'S PLACE OF DEATH (City, State, Country)

15. DECEASED'S DATE OF DEATH (Month, day, year)

16. DECEASED'S TIME OF DEATH (Hour, minute)

17. DECEASED'S SIGNATURE (If any)

18. DECEASED'S ADDRESS (City, State, Country)

19. DECEASED'S PHONE NUMBER (If any)

20. DECEASED'S RELIGIOUS BELIEFS (If any)

21. DECEASED'S ETHNIC ORIGIN (If any)

22. DECEASED'S NATIONALITY (If any)

23. DECEASED'S CITIZENSHIP (If any)

24. DECEASED'S STATUS (If any)

25. DECEASED'S OTHER INFORMATION (If any)

RECEIVED
JAN 29 1946
BUREAU V S

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13-2

CERTIFICATE OF DEATH

Reg. Dist. No. 00592 139

1. PLACE OF DEATH: County..... <u>Frederick</u> City or town..... <u>State Sanatorium, Maryland</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? <u>Since 7/23/45</u> Hospital, institution, or street address where death occurred: <u>Maryland Tuberculosis Sanatorium</u> How long in hospital or institution? <u>Since 7/23/45</u>				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State..... <u>Maryland</u> County..... <u>Montgomery</u> City or town..... <u>Silver Springs</u> (If outside city or town limits, write RURAL and give nearest town) Street No..... <u>707 Sligo</u> (If rural, give LOCATION) 2.(a) If veteran, name war.....			
3.(a) FULL NAME <u>Harry Shelton</u>				3.(b) Social Security Number			
4. Sex <u>Male</u>		5. Color or race <u>White</u>		6.(a) Single, married, widowed, or divorced <u>Widower</u>			
6.(b) Name of husband or wife							
7. Birth date of deceased (mo., day, yr.) <u>Aug. 3, 1884</u>							
8. AGE: Years <u>61</u>		Months <u>5</u>		Days <u>11</u>		If less than one dayhrs.min.	
9. Birthplace <u>Kentucky</u> (Town, county, and state)							
10. Usual occupation <u>Elevator Operator</u>							
11. Industry or business							
FATHER		12. Name <u>Samuel Shelton</u>					
MOTHER		13. Birthplace <u>Kentucky</u>					
14. Maiden name <u>Lola Shelton</u>		15. Birthplace <u>Kentucky</u>					
16. Informant <u>Bernice Morse</u> Address <u>707 Sligo, Silver Springs, Md.</u>							
17. Burial, cremation, or removal, Which? <u>Cremation</u> Date thereof..... <u>Jan 18, 1946</u> (month) (day) (year) Cemetery or crematory..... <u>Fort Monmouth Lincoln</u> Location..... <u>Bladensburg Road, Md.</u>							
18. Funeral director <u>Warner E. Pumphrey</u> Address <u>8434 Ga. Ave., Silver Springs, Md.</u>							
19. <u>1/15/46</u> 19 <u>46</u> (Date rec'd by registrar) Registrar							
MEDICAL CERTIFICATION							
20. DATE OF DEATH <u>January 14</u> 19 <u>46</u> at <u>8:55 P.</u> M							
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from <u>July 23</u> 19 <u>45</u> , to <u>Jan. 14</u> 19 <u>46</u> and that I last saw him alive on <u>January 14</u> 19 <u>46</u>							
Immediate cause of death <u>Pulmonary Tuberculosis</u> DURATION <u>3 Yrs.</u>							
Due to..... Due to..... Other conditions..... (Include pregnancy within 3 months of death)							
Major findings of operations Date of op.....							
Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.							
22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide..... Date of..... Where did injury occur?..... (City or town) (County) (State) Injured at home, farm, industry, public place (where?)..... Means of injury..... Injured at work?.....							
23. SIGNATURE <u>J. B. Lynn</u> M. D. <u>Physician</u> Address <u>State Sanatorium, Md.</u> Date signed <u>1/15/46</u>							

RECEIVED

JAN 16 1946

BUREAU V S

00595

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. 145

1. PLACE OF DEATH:

County Frederick
 City or town Myersville
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 17 yrs
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town Myersville
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Laura Catherine Shepley

3. (b) Social Security Number

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

John C. Shepley

7. Birth date of deceased (mo., day, yr.)

Sept 29, 18666. (c) If alive, give age 69 years

8. AGE:

Years

Months

Days

If less than one day

2933

hrs.

min.

9. Birthplace

Harmony - Frederick Co. Md.
(Town, county, and state)

10. Usual occupation

Retired

11. Industry or business

Domestic

FATHER

12. Name

Thomas Brandenberg

13. Birthplace

Maryland

14. Maiden name

Rebecca Bowler

15. Birthplace

Maryland

16. Informant

John C. Shepley

Address

Myersville, Md.

17.

(Burial, cremation, or removal. Which?)

Date thereof

Jan 8, 1946
(month) (day) (year)

Cemetery or crematory

St. Paul's Lutheran

Location

Myersville, Md.

18. Funeral director

Thomas Bitts & Son

Address

Myersville, Md.

19.

(Date rec'd by registrar)

19. 46Edgar Bitts
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

January 6, 1946 at 4 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Nov 19, 1945 to Jan 6, 1946and that I last saw her alive on Jan 5, 1946

Immediate cause of death

Cerebral Hemorrhage

DURATION

3 days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

J E Arp MD

M. D. or other

Address

MiddletonDate signed 1-7-46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 10 1945
R. R. T. A.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:

County... Frederick
City or town... State Sanatorium, Maryland
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Since 1/23/46
Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
How long in hospital or institution? Since 1/23/46

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State... Maryland County... Somerset
City or town... Princess Anne
(If outside city or town limits, write RURAL and give nearest town)
Street No. Hampton Ave.
(If rural, give LOCATION)
2.(a) If veteran, name war... ☒

3. (a) FULL NAME

Elsie May Shockley

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Married
6.(b) Name of husband Linwood Shockley
7. Birth date of deceased (mo., day, yr.) 1/17/1913 6.(c) If alive, give age 34 years
8. AGE: Years 33 Months 0 Days 8 If less than one day hrs. min.

9. Birthplace Dames Quarter, Somerset Co., Md.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

12. Name Walter Smelling
13. Birthplace Maryland
14. Maiden name Mollie Messick
15. Birthplace Maryland

16. Informant Deceased

Address
17. Burial Date thereof Jan 29, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Episcopal Cemetery
Location Thurmont, Maryland

18. Funeral director M. L. Creager & Son
Address Thurmont, Maryland

19. 1/25/46 19. 1/25/46
(Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 25 19 46, at 2 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 23 19 46, to Jan. 25 19 46, and that I last saw him/her alive on January 25 19 46.

Immediate cause of death Pulmonary Tuberculosis DURATION About 2 yrs.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. B. Lynn M. D. STATE

Address State Sanatorium, Md. Date signed 1/26/46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 29 1946
BUREAU V. R.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for change of year
of birth of deceased is
shown on

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 740

00593

FILM No. I 00 FEB 12 1946

CERTIFICATE OF DEATH

Reg. Dist. No. 141

1. PLACE OF DEATH

County Breunink
City or town Breunink
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 63 yrs.
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State MD County Breunink
City or town Breunink
(If outside city or town limits, write RURAL and give nearest town)
Street No. Breunink
(If rural, give LOCATION)
2.(a) If veteran, name war no

3. (a) FULL NAME

Joseph Robert Smallwood

3. (b) Social Security Number

?

4. Sex Male 5. Color or race Col. 6.(a) Single, married, widowed, or divorced Married
6.(b) Name of husband or wife Margaret R. Wether
7. Birth date of deceased (mo., day, yr.) June 6 1883 1882 6.(c) If alive, give age 61 years
8. AGE: Years 63 Months 7 Days 24 If less than one day
hrs. min.

9. Birthplace MD.
(Town, county, and state)
10. Usual occupation B+ O.R.P. Laborer
11. Industry or business Transportation
12. Name Thomas H. Smallwood
13. Birthplace MD.
14. Maiden name Catherine H. Harper
15. Birthplace MD.

16. Informant Mrs. Margaret R. Smallwood
Address Breunink MD.
17. Burial Date thereof Feb. 4, 1946
(Burial, cremation, or removal to which?) (month) (day) (year)
Cemetery or crematory St. Mary's
Location Petersville MD.
18. Funeral director C. H. Fute & Bros
Address Breunink MD.
19. Feb 3 19 46 Eugenia H. Barber
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 31 1946 at 4:30 M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 28 1946 to Jan 31 1946
and that I last saw him alive on Jan 28 1946
Immediate cause of death Cerebral Thromboses DURATION 4 days
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE William C. Lutz
Address Breunink, MD. Date signed Jan 31 1946

RECEIVED

FEB 5 1946

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for change of sex is shown on

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00594

FILM No. I O 1 APR 30 1946

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH

County Frederick

City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 6 weeks

Hospital, institution, or street address where death occurred:

Frederick City Hospital

How long in hospital or institution? 6 weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County Frederick

City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war none

3. (a) FULL NAME

Mrs Clyde Smith

3. (b) Social Security Number

none

4. Sex

Female

5. Color or race

white

6. (a) State, married, widowed, or divorced

married

6. (b) Name of husband or wife

Clyde W Smith

8. (c) If alive, give age

57 years

7. Birth date of deceased (mo., day, yr.)

June 24 1889

8. AGE:

Years

Months

Days

If less than one day

56

6

12

hrs.

min.

9. Birthplace

Frederick, Md
(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

MOTHER

FATHER

MOTHER

FATHER

MOTHER

FATHER

MOTHER

FATHER

MOTHER

FATHER

MOTHER

FATHER

MOTHER

FATHER

MOTHER

FATHER

MOTHER

FATHER

MOTHER

FATHER

MOTHER

FATHER

MOTHER

FATHER

12. Name

John F. Smith

13. Birthplace

Frederick

14. Maiden name

Eliza Jane Duwall

15. Birthplace

Frederick, Md

16. Informant

Clyde W. Smith

Address

Frederick, Md

17. Burial

(Burial, cremation, or removal, when)

Date thereof 1-9-46

(month) (day) (year)

Cemetery or crematory

Mt. Olivet, 1946

Location

Frederick, Md

18. Funeral director

Harry E. Galt Co

Address

Frederick, Md.

19. 7-Jan

(Date rec'd by registrar)

19 46

Elizabeth E. Heck

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 6 19 46, at 10 AM M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec 15 19 45, to Jan 6 19 46

and that I last saw him alive on Jan 6 19 46

Immediate cause of death

Carcinoma of Liver

DURATION

3 mo.

Due to

Due to

Other conditions

Lungs

(Include pregnancy within 9 months of death)

Major findings of operations none

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury

Injured at work?

23. SIGNATURE

A. A. Pearce M.D.

Address Frederick, Md. Date signed 1/6/46

RECEIVED

JAN 8 1946

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (115-2)

CERTIFICATE OF DEATH

00597 131
Reg. Dist. No.

1. PLACE OF DEATH:

County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Life

Hospital, institution, or street address where death occurred:

Frederick City Hospital

How long in hospital or institution?

1 Hour

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)

Street No. 308 West Patrick Street
(If rural, give LOCATION)

2(a) If veteran, name war World War II

3. (a) FULL NAME

THOMAS RAYMOND STEELE

3. (b) Social Security Number

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced M

6. (b) Name of husband or wife Dorothy V. Brandenburg6. (c) If alive, give age 22 years7. Birth date of deceased (mo., day, yr.) June 25, 1918

8. AGE: Years 27 Months 7 Days 5 If less than one day
.....hrs.min.

9. Birthplace Frederick-Frederick-Maryland
(Town, county, and state)

10. Usual occupation Helper11. Industry or business C. F. Hartman12. Name Raymond E. Steele13. Birthplace Frederick County Maryland14. Maiden name Elsie Beall15. Birthplace Frederick County Maryland16. Informant Mrs. William J. FogleAddress 308 W. Patrick St., Frederick, Md.17. Burial Date thereof 2/2/46

(Burial, cremation or removal, Which?) (month) (day) (year)

Cemetery or crematory Mount Olivet CemeteryFrederick, MarylandLocation M. R. Etchison and Son18. Funeral director Frederick, MarylandAddress Frederick, Maryland19. 1- Feb 19 46 Elizabeth G. Heck

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 30, 1946 at 1:40 P. M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

Jan 27 to Jan 30, 1946

and that I last saw him alive on Jan 30, 1946

Immediate cause of death Septicemic infection4 months inDue to the head streamDue to came to streamOther conditions due to infected teeth

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE FH. Hegde M. D.Address Frederick, Maryland Date signed 1-31-46

RECEIVED

FEB 2 1946

BUREAU OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 137

CERTIFICATE OF DEATH

00598

Reg. Dist. No. 147

1. PLACE OF DEATH: Frederick
County near Harrisville
City or town (If outside city or town limits, write RURAL and give nearest town) 6 months
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
Maryland Frederick
State County
City or town near Harrisville
(If outside city or town limits, write RURAL and give nearest town)
Street No. Rural--Mt. Airy
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME GLADYS E. TAYLOR

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Single

8.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) June 6, 1945 8.(c) If alive, give age years

8. AGE: Years 7 Days 4 It less than one day hrs. min.

9. Birthplace Baltimore Co. Maryland
(Town, county, and state)
10. Usual occupation None

11. Industry or business Frank L. Taylor

12. Name W. Va.

13. Birthplace Helen Teter

14. Maiden name W. Va.

15. Birthplace Frank L Taylor

16. Informant Mt. Airy, Maryland
Address

17. Burial Date thereof 1-13-46
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Linganore

Location Unionville, Frederick Co. Md.

18. Funeral director C. M. Waltz

Address Winfield, Md.

19. Jan. 12 1946 Date rec'd by registrar
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 10 1946 at 2 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw her alive on Jan 11 1946

Immediate cause of death Coronary

Due to Pneumonia, Bronch. Cong.

Duration 2 hours

Due to Duration 1 day

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

Signature P. W. Bau Deputy Med Ex.

Address Frederick, Md Date signed 1/11/46

RECEIVED

JAN 15 1946

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for addition of
date of death is shown on

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 4621

00599

FILM No. I 00 FEB 1 1946

CERTIFICATE OF DEATH



Reg. Dist. No. 141

1. PLACE OF DEATH:

County Frederick

City or town Brunswick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 43 yrs.

Hospital, institution, or street address where death occurred:

Schnapper Hospital

How long in hospital or institution? 13 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County Frederick

City or town Brunswick
(If outside city or town limits, write RURAL and give nearest town)

Street No. Virginia Ave
(If rural, give LOCATION)

2(a) If veteran, name war

3. (a) FULL NAME

Julia Virginia Terry

3. (b) Social Security Number

4. Sex Female

5. Color or race white

6. (a) Single, married, widowed, or divorced divorced

6. (b) Name of husband or wife Union Terry

6. (c) If alive, give age 43 years

7. Birth date of deceased (mo., day, yr.) Feb 22, 1902

8. AGE: Years 43 Months 10 Days 18 If less than one day
..... hrs. min.

9. Birthplace md.
(Town, county, and state)

10. Usual occupation waitress

11. Industry or business U. M. C. A.

12. Name John D. Carl

13. Birthplace West Va

14. Maiden name Rosie Mary Carroll

15. Birthplace West Va

16. Informant Mrs Rosie Carl Goss

Address Brunswick Md.

17. Burial Date thereof Jan 19, 1946
(Burial, cremation, or removal) (month) (day) (year)

Cemetery or crematory Park Heights

Location Brunswick Md

18. Funeral director C. H. Felt & Son

Address Brunswick Md.

19. Jan 21 19 46 Eugene W. Burke
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 19, 1946 at 6:25 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 10, 1946 to Jan 19, 1946

and that I last saw him alive on Jan 19, 1946

Immediate cause of death Intestinal obstruction

Due to Carcinoma of

Sigmoid.

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Antopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Wilhelm Schnapper

Address Brunswick Date signed Jan 19-46

UNITED STATES DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

1. NAME OF DECEASED

2. PLACE OF BIRTH

3. SEX

4. AGE

5. OCCUPATION

6. CAUSE OF DEATH

7. DATE OF DEATH

8. TIME OF DEATH

9. PLACE OF DEATH

10. SIGNATURE OF PHYSICIAN

11. SIGNATURE OF REGISTRAR

12. SIGNATURE OF WITNESSES

13. SIGNATURE OF FUNERAL HOME

14. SIGNATURE OF BURIAL PLACE

15. SIGNATURE OF OTHER

16. SIGNATURE OF OTHER

17. SIGNATURE OF OTHER

18. SIGNATURE OF OTHER

19. SIGNATURE OF OTHER

20. SIGNATURE OF OTHER

21. SIGNATURE OF OTHER

22. SIGNATURE OF OTHER

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51. SIGNATURE OF OTHER

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57. SIGNATURE OF OTHER

58. SIGNATURE OF OTHER

59. SIGNATURE OF OTHER

60. SIGNATURE OF OTHER

RECEIVED
JAN 22 1946
BUREAU OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 96 +

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick-Rural
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Emergency Hospital

How long in hospital or institution?

6 Months

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick-Rural R.F.D. #5
(If outside city or town limits, write RURAL and give nearest town)Street No. Near Braddock

(If rural, give LOCATION)

2.(a) If veteran, name war None

3. (a) FULL NAME

CHARLES HENRY TOBERY

3. (b) Social Security Number

None

4. Sex <u>M</u>	5. Color or race <u>W</u>	6. (a) Single, married, widowed, or divorced <u>W</u>
--------------------	------------------------------	--

6. (b) Name of husband or wife Annie Maria Layman7. Birth date of deceased (mo., day, yr.) March 4, 1866

8. AGE: Years <u>79</u>	Months <u>9</u>	Days <u>26</u>	If less than one dayhrs.min.
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9. Birthplace Pearl-Frederick-Maryland
(Town, county, and state)10. Usual occupation Retired

11. Industry or business

FATHER 12. Name William H. Tobery13. Birthplace Frederick County MarylandMOTHER 14. Maiden name Hester Ann Peasley15. Birthplace Frederick County Maryland16. Informant J. Edward ToberyAddress R. F. D. #5, Frederick, Md.17. Burial Date thereof 2/1/46
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Frederick Memorial ParkLocation Frederick, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 31-Jan 19 46 Elizabeth G. Hark
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 30, 1946 at 12:40A M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 1 19 46 to Jan. 30 19 46
and that I last saw him alive on Jan. 30 19 46Immediate cause of death Carcinomatosis - long bones;
lungs; abdominal nodes;
Due to Carcinoma ProstateDURATION
1 year.
2 years.Due to.....
Other conditions.....
(Include pregnancy within 8 months of death)

Major findings of operations..... Date of op.

Autopsy results.....
PHYSICIAN: Please underline the cause to which death should be charged statistically.22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide..... Date of.....
Where did injury occur?.....
(City or town) (County) (State)Injured at home, farm, industry, public place (where?).....
Means of injury..... Injured at work?23. SIGNATURE Bernard Hanna Jr. M. D.
Address Frederick, Maryland Date signed 1-31-46

RECEIVED

FEB 2 1946

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH

00601

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 5 Years

Hospital, institution, or street address where death occurred:

162 B and O Avenue

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)Street No. 162 B and O Avenue
(If rural, give LOCATION)2.(a) If veteran, name war None

3. (a) FULL NAME

MARY L. WALSH

3. (b) Social Security Number

None

4. Sex <u>F</u>	5. Color or race <u>W</u>	6.(a) Single, married, widowed, or divorced <u>S</u>
--------------------	------------------------------	---

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) Unknown 18 778. AGE: Years 68 ? Months _____ Days _____ If less than one day _____ hrs. _____ min.9. Birthplace Unknown
(Town, county, and state)10. Usual occupation At Home

11. Industry or business

12. Name Michael Walsh13. Birthplace Unknown14. Maiden name Unknown15. Birthplace Unknown16. Informant Howard MurphyAddress R. F. D. #1, Frederick, Maryland17. Burial Date thereof 1/3/46
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory St. Johns CemeteryLocation Frederick, Maryland

M. R. Etchison and Son

18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 2 Jan 19 46 Elizabeth G Herb.
(Date read by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 1st, 19 46, at 9:45A M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 19 44, to Jan 1st 19 46
and that I last saw him alive on December 28th 19 45Immediate cause of death Cardiac Arrest
Due to long standing
Arterio Sclerosis

DURATION

15 to 20
minutes

Due to _____

Due to _____

Other conditions Hypertension

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

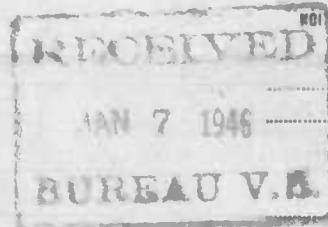
Means of injury _____ Injured at work? _____

23. SIGNATURE W. G. Bourne Sr. M. D.

M. D. or other

Address Frederick, Maryland Date signed 1-2-46

NO17



MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 131

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Frederick
 (b) City or town Frederick
 (If outside city or town limits, write RURAL and give town)
 (c) Street address, hospital, or institution: Frederick City Hospital
 (d) Length of stay in hospital or inst. (yrs., mos., or days) 1
 (e) Length of stay in this community (yrs., mos., or days) 1

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Frederick
 (c) City or town Middletown
 (If outside city or town limits, write RURAL and give town)
 (d) Street No. _____ (If rural give location)
 (e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME

Infant Girl Wiles

3 (b) If veteran, name war

none

3 (c) Social Security

No. none

4. Sex

F

5. Color or race

W

6 (a) Single, married, widowed, or divorced.

Single

6 (b) Name of husband or wife

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.)

1-12-1946

8. AGE:

Years

Months

Days

If less than one day

4 1/2 hrs. min.

9. Birthplace

Frederick Co. Md.

(Town, county, and state)

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

Wm. R. Miss

13. Birthplace

Frederick Co. Md.

14. Maiden Name

Benedetta Wiles

15. Birthplace

Frederick Co. Md.

16 (a) Informant

Wm. R. Miss

(b) Address

Bradlock Heights, Md.

17 (a)

Burial

(b) Date thereof

1-14-1946

(Burial, cremation, or removal)

(month) (day) (year)

(c) Cemetery or crematory

Mt. Olivet Cemetery

Location

Frederick - Md.

18 (a) Funeral director

C. E. Clark & Son

(b) Address

Frederick - Md.

19 (a)

14-Jan-1946

(b)

Elizabeth G. Heck

(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. Date of death Jan 12 1946, at 2:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 12 1946, to Jan 12 1946, and that I last saw him alive on Jan 12 1946.

Immediate cause of death

Premature 7 months

Due to

Exhaustion

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 (d) Did injury occur about home, on farm, industrial place, in public place? _____ While at work? _____ (Specify type of place)
 (e) Means of injury _____

23. Signature

A. Lawrence Fabin, M.D.

M. D. or other

Address

Frederick, Md.

Date signed

1-12-46

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

JAN 15 1946

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-23

CERTIFICATE OF DEATH

★ Reg. Dist. No. 0060131

1. PLACE OF DEATH: County..... <u>Frederick</u> City or town..... <u>Frederick</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?..... <u>2 months</u> Hospital, institution, or street address where death occurred: <u>10 Center Street</u> How long in hospital or institution?.....				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State..... <u>Maryland</u> County..... <u>Frederick</u> City or town..... <u>Frederick</u> (If outside city or town limits, write RURAL and give nearest town) Street No..... <u>10 Center St.</u> (If rural, give LOCATION) 2.(a) If veteran, name war..... <u>no</u>			
3. (a) FULL NAME <u>Charles C. Wiles</u>				3. (b) Social Security Number <u>None</u>			
4. Sex <u>Male</u>		5. Color or race <u>White</u>		6. (a) Single, married, widowed, or divorced <u>Married</u>			
6. (b) Name of husband or wife <u>Mrs. Stella Mae Wiles</u>				6. (c) If alive, give age <u>67</u> years			
7. Birth date of deceased (mo., day, yr.) <u>Sept. 15, 1878</u>				8. AGE: Years..... <u>73</u> Months..... <u>4</u> Days..... <u>9</u> If less than one day..... hrs. min.			
9. Birthplace <u>Middletown, Frederick County, Md.</u> (Town, county, and state)				10. Usual occupation <u>Retired Farmer</u>			
11. Industry or business <u>Geo. P. Wiles</u>				12. Name <u>Middletown, Md.</u>			
13. Birthplace <u>Elkton, Ohio</u>				14. Maiden name <u>Middletown, Md.</u>			
15. Informant <u>Mrs. Stella Mae Wiles</u>				16. Address <u>10 Center St., Frederick, Md.</u>			
17. (Burial, cremation, or removal, which) <u>Burial</u>				Date thereof <u>Jan. 26, 1946</u> (month) (day) (year)			
Cemetery or crematory <u>Southwestern Cemetery</u>				Location <u>Middletown, Md.</u>			
18. Funeral director <u>Gladhill Co.</u>				Address <u>Middletown, Md.</u>			
19. 25-Jan-46 (Date rec'd by registrar)				Registrar <u>Elizabeth G. Hecks</u>			

MEDICAL CERTIFICATION	
20. DATE OF DEATH <u>Jan. 23</u> 19 <u>46</u> , at <u>4:20</u> M	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from <u>Jan. 2</u> 19 <u>46</u> , to <u>Jan. 23</u> 19 <u>46</u> , and that I last saw him alive on <u>Jan. 23</u> 19 <u>46</u> .
Immediate cause of death <u>Cerebral Hemorrhage</u>	DURATION <u>3 weeks</u>
Due to	Due to
Other conditions	Other conditions
(Include pregnancy within 3 months of death)	
Major findings of operations	Date of op.
Autopsy results	
PHYSICIAN: Please underline the cause to which death should be charged statistically.	
22. VIOLENCE: If death was due to external causes, fill in the following:	
Accident, suicide, or homicide	Date of
Where did injury occur? (City or town) (County) (State)	Injured at home, farm, industry, public place (where?)
Means of injury	Injured at work?
23. SIGNATURE <u>B. P. Thomas</u>	M. D. or other <u>Frederick, Md.</u>
Address <u>Frederick, Md.</u>	Date signed <u>1/25/46</u>

RECEIVED
FEB 1 1946
BUREAU V.B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for change of age **MARYLAND STATE DEPARTMENT OF HEALTH**
is shown on

2411 N. Charles St., Baltimore *92-1*

00694

FILM No. I O O JAN 29 1946

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick City Hospital
How long in hospital or institution? Three and a Half Hours

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)
Street No. 100 East Third Street
(If rural, give LOCATION)

2(a) If veteran, name war None

3. (a) FULL NAME

HORACE CLINTON ZACHARIAS

3. (b) Social Security Number

None

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced M

6. (b) Name of husband or wife Tempie Wilcoxon
7. Birth date of deceased (mo., day, yr.) March 10, 1868
8. AGE: Years 77 Months 78 Days 10 If less than one day 13 hrs. min.

9. Birthplace Nr. Emmitsburg-Frederick-Maryland
(Town, county, and state)

10. Usual occupation Retired Cattle Dealer

11. Industry or business John Zacharias

12. Name John Zacharias

13. Birthplace Frederick County Maryland

14. Maiden name Ann Miller

15. Birthplace Frederick County Maryland

16. Informant Mrs. Tempie W. Zacharias
Address 100 E. 3rd St., Frederick, Md.

17. Burial 1/26/46
(Burial, cremation, or removal, which) (month) (day) (year)

Cemetery or crematory Mount Olivet Cemetery

Location Frederick, Maryland

18. Funeral director M. R. Etchison and Son
Address Frederick, Maryland

19. 24 Jan 46 Elizabeth Y. Hede
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 23, 1946, at 5:50 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 22 1946, to Jan 23 1946
and that I last saw him alive on Jan 23 1946

Immediate cause of death acute cardiac
degeneration

Due to chronic myocarditis
chronic valvular

disorder
Due to arteriosclerosis, hyper-
tension

Other conditions Valvular (?)

(Include pregnancy within 8 months of death)

Major findings of operations None Date of op. None

Autopsy results None
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide None Date of None

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE P. W. Bau M. D.
Address Frederick, Maryland Date signed 1-24-46

CERTIFICATE OF DEATH

REGISTRATION DISTRICT (COUNTY OF) _____

MASSACHUSETTS DEPARTMENT OF HEALTH

RECEIVED
JAN 25 1946
BUREAU OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

00605

Reg. Dist. No. 154

1. PLACE OF DEATH:

County: FrederickCity or town: Emmitsburg
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 5 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: FrederickCity or town: Emmitsburg
(If outside city or town limits, write RURAL and give nearest town)Street No.:
(If rural, give LOCATION)

2.(a) If veteran, name war:

3. (a) FULL NAME

George Thomas Zurgable

3. (b) Social Security Number

None

4. Sex

Male

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Widowed6.(b) Name of husband or wife: Virginia G. (Linger)7. Birth date of deceased (mo., day, yr.) September 27, 1876

6.(c) If alive, give age.....years

8. AGE:

Years

Months

Days

If less than one day

69314

.....hrs.

.....min.

9. Birthplace: Frederick Co., Maryland
(Town, county, and state)10. Usual occupation: Farmer

11. Industry or business

12. Name: George Zurgable13. Birthplace: Frederick Co., Maryland14. Maiden name: Rebecca Brown15. Birthplace: Frederick Co., Maryland16. Informant: Marion B. ZurgableAddress: Emmitsburg, Md.17. Burial Date thereof: Jan. 15, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory: St. Joseph's CemeteryLocation: Emmitsburg, Md.18. Funeral director: S. L. AllisonAddress: Emmitsburg, Md.19. Jan 13 19 46 M. F. Shuff
(Date rec'd by registrar) (month) (day) (year) (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 11 19 46 at 6:50 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1938 to Jan 11 19 46and that I last saw him alive on Jan 11 19 46Immediate cause of death: Cerebral hemorrhage DURATION 3 daysDue to: Hypertensive arterial disease several years

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: W.R. Cordle MD M. D. or otherAddress: Emmitsburg Date signed: 1-12-46

